

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK**

Heidi J. Meyers, Esq.  
Law Office of Heidi J. Meyers  
233 Broadway, Suite 801  
New York, N.Y. 10279  
(212) 791-4007  
HM-9696

Maha Naim AL ADHADH  
A#: 078-775-159 (Principal)  
Petitioner,

v.

MICHAEL B. MUKASEY, Attorney  
General of the United States;  
MICHAEL CHERTOFF, Secretary of the  
Department of Homeland Security;  
ROBERT S. MUELLER III, Director of  
the Federal Bureau of Investigations;  
ROBERT DIVINE, Acting Director, U.S  
Citizenship and Immigration Services;  
ANDREA QUARANTILLO, Director of  
the USCIS New York District Office;  
DENNIS BUNCE, Section Chief, New  
York Adjudication Section;  
DEPARTMENT OF JUSTICE;  
DEPARTMENT OF HOMELAND  
SECURITY;  
UNITED STATES CITIZENSHIP AND  
IMMIGRATION SERVICES;  
FEDERAL BUREAU OF  
INVESTIGATION,

Respondents.

Case No

07 CV 10638

PETITION FOR REVIEW OF  
APPLICATION FOR NATURALIZATION  
PURSUANT TO INA § 336(b)

COMES NOW Maha Naim Al Adhadh, Plaintiff, in the above-styled and numbered case, and for her cause of action would show the court the following:

1. This is a lawsuit brought by Maha Naim Al Adhadh, to obtain naturalization by this court pursuant section 336(b) of the Immigration and Naturalization Act, 8 U.S.C. § 1447(b), and mandamus to compel the Respondents to complete any required background checks. The United States Citizenship and Immigration Services ("CIS") conducted the naturalization interview of Ms. Al Adhadh on April 27, 2006. Ms. Al Adhadh meets all of the statutory eligibility requirements for citizenship. There has been a delay of more than one year after her interview in adjudicating her application. This court has exclusive jurisdiction pursuant to INA § 336(b), 8 U.S.C. § 1447(b), to make a determination on her application for naturalization because it is more than 120 days after the naturalization interview. Petitioner requests that this Court review her application for naturalization de novo and order that her naturalization application be approved.

### PARTIES

2. Petitioner is a lawful permanent resident of the United States of America. Ms. Al Adhadh resides in New York, New York.
3. Michael B. Mukasey, Attorney General of the United States, has been conferred the authority to naturalize persons as citizens of the United States by INA § 310(a) 8 U.S.C. § 1421(a), and is sued here in his official capacity.
4. Michael Chertoff is the Secretary of the Department of Homeland Security ("DHS"). As of March 1, 2003, DHS is the agency responsible for implementing the Immigration and Nationality Act. Within DHS, the United States Citizenship and Immigration Services (USCIS) is responsible for implementing the provisions under which lawful permanent residents can be naturalized and become United States citizens. Respondent Chertoff is sued in his official capacity.
5. Robert S. Mueller III is the Director of the Federal Bureau of Investigations, a component of the Department of Justice, and is sued in his official capacity. The FBI has responsibility to complete certain name checks, security checks and other background checks for USCIS and other federal agencies.
6. Robert Divine, is the Acting Director of the USCIS, and is generally charged with the administration of the benefits governed by the INA. INA § 103(c); 8 U.S.C. § 1103(c).
7. Andrea Quarantillo is the New York District Director, and has overall responsibility for adjudication of naturalization applications for applicants living in New York.
8. Dennis Bunce, is the Section Chief for the naturalization unit for the New York District office, USCIS.

9. The U.S. Department of Justice is the agency of the United States government that, under the direction of the Attorney General, has authority to conduct background checks and security checks for individuals who are applying for naturalization.
10. The Department of Homeland Security is the agency of the United States government that is responsible for implementing the citizenship provisions of the law.
11. The United States Citizenship and Immigration Services ("USCIS") is the component of DHS that is responsible for processing and adjudicating the applications for citizenship of permanent residents.
12. The Federal Bureau of Investigation is the federal agency with responsibility to complete certain name checks, security checks and other background checks for USCIS and other federal agencies.

### **JURISDICTION**

13. This Court has jurisdiction pursuant to INA § 336(b), 8 U.S.C. § 1447(b) (jurisdiction over naturalization applications where there has been a delay of over 120 days after the naturalization interview); 28 U.S.C. § 1331 (federal question jurisdiction); 28 U.S.C. § 1361 (mandamus); 28 U.S.C. § 2201 (Declaratory Judgement Act); and 5 U.S.C. § 701 (Administrative Procedures Act).

### **VENUE**

14. Venue in the Southern District of New York is appropriate pursuant to 28 USC §1391(e) because Petitioner resides within this District. She lives in New York County.

### **EXHAUSTION OF REMEDIES**

15. Petitioner has exhausted her administrative remedies. Petitioner has made numerous inquiries concerning the status of her naturalization application to no avail.

### **STATEMENT OF FACTS**

16. Petitioner is a native and citizen of Iraq. Petitioner's father was killed by Saddam Hussein and Petitioner was granted refugee status, and entered the U.S. as a refugee.
17. Petitioner was admitted to lawful permanent residency as a refugee from Iraq to the United States on May 04, 2000. She has resided continuously in the United States since she obtained her lawful permanent resident status. See Exhibit A, copy of

greencard, I-94 card, approval for entry to US as Section 207 Refugee and refugee travel document.

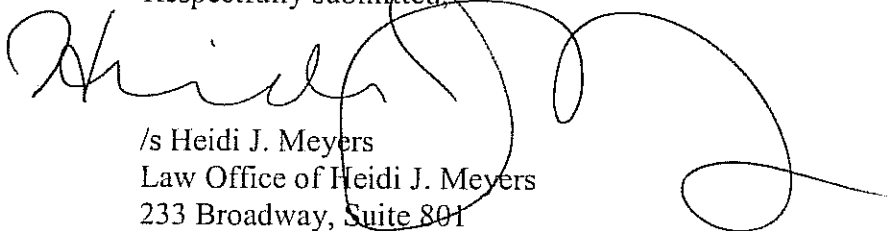
18. Petitioner is a licensed Medical Doctor who has recently completed her Residency in Internal Medicine at New York Downtown Hospital. See Exhibit B, resume, letter from American Board of Internal Medicine stating that she passed the certification exam in internal medicine, Bachelor Degree in Medicine and Surgery from Baghdad University, NYS License in Medicine and Surgery, ECFMG certificate, New York Downtown Hospital certificate for completion of residency in Internal Medicine
19. On August 25, 2005, Petitioner filed an application for naturalization with the U.S. Citizenship and Immigration Services. See Exhibit C, USCIS receipt notice for Form N-400 and Form N-400.
20. On September 23, 2005, USCIS took Petitioner's fingerprints for purposes of a background check. On information and belief, prior to the scheduling of her naturalization interview, USCIS submitted a request to the FBI for a criminal history background check. Petitioner appeared for an examination of her application for naturalization on April 27, 2006 at the New York USCIS Office. She passed the English, history and government tests and was found to meet the residence requirements for citizenship. See Exhibit D, Fingerprint notice dated September 07, 2005, and fingerprinting notice stamped that biometrics were taken on September 23, 2005. Form N-652, Naturalization Interview Results, dated 4/27/2006, stating that she passed the English, U.S. history and government tests and that USCIS will send her a written decision about her application. Letter from DAO Yim stating that her FBI name check has not cleared. Letter from USCIS dated May 16, 2007 stating that security clearances are still pending.
21. She possesses good moral character for the five-year period prior to her application and up to the present. She has filed federal tax returns each year. She has never been arrested. She meets all of the eligibility requirements for citizenship. See Exhibit E, federal income tax returns and Forms W-2 for 2001 - 2005
22. According to statements of USCIS, Petitioner's Application for Naturalization is still pending due to outstanding background security checks. More than one year has elapsed since the naturalization interview and no action has been taken by USCIS of Ms. Maha Al Adhath's application for naturalization.
23. On May 16, 2007 Ms. Al Adhath made an inquiry in regards to her naturalization application. On the same day, Ms. Al Adhath received a letter from C. Hernandez, Immigration Information Officer from the New York Naturalization Section. The letter indicated that the naturalization application was still pending due to security checks.
24. Petitioner has exhausted all administrative remedies. She has the right to obtain this Court's *de novo* judicial review pursuant to INA § 310©, 8 U.S.C. § 1421(c), and to request a hearing.

### REQUEST FOR RELIEF

WHEREFORE, Petitioner Maha Al Adhadh respectfully requests that this Court:

1. Assume jurisdiction over this matter;
2. Find that Respondent FBI has unreasonably and unlawfully delayed in completing the necessary background checks in a timely manner, and has unreasonably and unlawfully delayed in providing the results of background checks to the USCIS;
3. Direct that the USCIS and the FBI complete any and all necessary name checks or other background or security checks within 30 days, and promptly provide the results to USCIS;
4. Review *de novo* Petitioner's application for naturalization, determine that she meets all the requirements for citizenship, grant her naturalization, and direct that USCIS promptly schedule an oath ceremony and issue her Certificate of Citizenship;
5. If necessary, order that a hearing take place concerning her application of naturalization;
6. Award reasonable costs and attorney's fees pursuant to the Equal Access to Justice Act; and
7. Grant any and all further relief this Court deems just and proper.

Respectfully submitted,



/s Heidi J. Meyers  
Law Office of Heidi J. Meyers  
233 Broadway, Suite 801  
New York, N.Y. 10007  
(212) 791-4007  
HeidiMeyers@juno.com

Attorney for Petitioner  
Bar No. 2611630

Dated: November 26, 2007  
New York, N.Y

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

-----X  
Maha Al Adhadh  
A# 078-775-159

Petitioner,

v.

Michael Mukasey, Attorney General of the United States;  
Michael Chertoff, Secretary of the Department of Homeland Security;  
Robert Mueller, Director of the Federal Bureau of Investigations;  
Robert Divine, Acting Director, U.S Citizenship and Immigration Services;  
Andrea Quarantillo, Director of the USCIS New York District Office;  
Dennis Bunce, Section Chief, New York Adjudication Section;  
Respondents.

-----X

AFFIRMATION OF SERVICE

I, Heidi J. Meyers, an attorney admitted to practice law in the State of New York and the Southern District of New York, affirm the following under penalty of perjury:

On the 28th day of November, 2007, copies of the within **PETITION FOR REVIEW OF APPLICATION FOR NATURALIZATION** were served on the Respondent by delivering them by **HAND** to the following address and location:

U.S Attorney's Office  
Southern District of New York  
86 Chambers Street, 3<sup>rd</sup> Floor  
New York, N.Y 10007

Andrea Quarantillo  
Director of the USCIS New York District Office  
26 Federal Plaza  
New York, NY 10278

Dennis Bunce  
Section Chief  
New York Adjudication Section  
26 Federal Plaza, Room 8-800  
New York, NY 10278

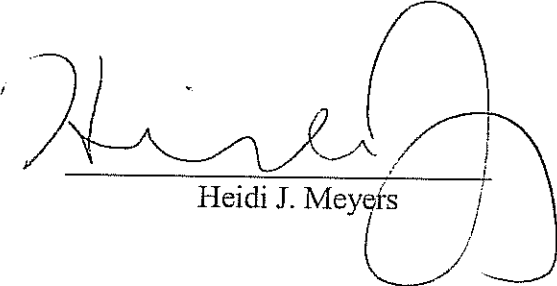
On the 27<sup>th</sup> day of November 2007, copies of the within **PETITION FOR REVIEW OF APPLICATION FOR NATURALIZATION** were served on the Respondent by **CERTIFIED MAIL** to the following addresses and location:

Michael Mukasey, Attorney General  
United States Department of Justice  
10<sup>th</sup> Street and Constitution Avenue Northwest  
Washington, DC 20530

Michael Chertoff  
Secretary  
US Department of Homeland Security  
Washington, DC 20528

Robert Mueller  
Director of the Federal Bureau of Investigations  
Federal Bureau of Investigation  
J. Edgar Hoover Building  
935 Pennsylvania Avenue, NW  
Washington, D.C. 20535-0001

Robert Divine  
Acting Deputy Director  
U.S Citizenship and Immigration Services  
20 Massachusetts Avenue, NW  
Washington, DC 20529



Heidi J. Meyers

Dated: New York, New York  
November 27, 2007

Maha N. Al Adhadh, MD  
69 Gold Street 15F, NYC, NY 10038  
(646) 912-1850  
Dr.Maha@gmail.com

**Education**

Year	Degree	Institution	
1999	M.D.	University of Baghdad College of Medicine	Baghdad, Iraq

**Internships and Residencies:**

2004-2007	Resident in Medicine, New York Downtown Hospital	New York City, NY
-----------	--	-------------------

**Licensure and Certification**

2007	New York License Pending
2007	Board Eligible, American Board of Internal Medicine
2006-2008	ACLS
2002	USMLE Step 1 (91)
2003	USMLE Step 2 (97)
2005	USMLE Step 3 (84)
2007-2008	NIH Stroke Scale Certification

**Professional Memberships**

American Medical Association  
American College of Physicians

**Research**

1990 -1996	<i>Research Assistant</i> Studying the increase of Leukemia (AML) in Iraqi Children between ages 5-18
------------	---

**Languages**

English and Arabic

**References**

Dr. Warren Licht, Program Director,  
Internal Medicine Residency, New York Downtown Hospital  
Warren.Licht@downtownhospital.org, Tel. 212 312 5770

Dr. Candido J. Anaya, Associate Program Director,  
Internal Medicine Residency, New York Downtown Hospital



Candido.Anaya@downtownhospital.org, Tel. 212 312 5770

Dr. Fabio Giron,  
Division of Pulmonary and Critical Care, New York Downtown Hospital  
Tel. 212 238-0100, Pager 1401

Dr. Roger Chung, Hospitalist  
Department of Medicine, NY Downtown Hospital  
rogermnc@yahoo.com, Tel. 212 312-5187,

PROMOTING EXCELLENCE  
IN HEALTH CARE



American Board  
of Internal Medicine

510 Walnut Street | Suite 1700 | Philadelphia, PA | 19106-3699 | 215.446.3500 FAX 215.446.3470 E-MAIL request@abim.org

October 24, 2007

Donald E. Wesson, MD  
*Chair*

Richard J. Baron, MD  
*Chair-Elect*

Kenneth S. Polonsky, MD  
*Secretary-Treasurer*

Christine K. Cassel, MD  
*President  
Chief Executive Officer*

Marc D. Feldman, MBA  
*Senior Vice President  
Chief Financial Officer*

Eric S. Holmboe, MD  
*Senior Vice President  
Quality Research &  
Academic Affairs*

Lynn O. Langdon, MS  
*Senior Vice President  
Chief Operating Officer*

Gary S. Sennett, MD, PhD  
*Senior Vice President  
Strategy & Clinical Analytics*

Ann Greiner, MCP  
*Vice President  
Policy*

Donald J. Kooker  
*Vice President  
Information Technology*

Rebecca S. Lipner, PhD  
*Vice President  
Psychometrics &  
Research Analysis*

Paul A. Poniatowski, MS  
*Vice President  
Test Development*

F. Daniel Duffy, MD  
*Senior Advisor  
to the President*

Dr. Maha Naim Al Adhadh  
69 Gold Street Apartment 15F  
New York, NY 10038-1883

Candidate Number: 280621

Dear Dr. Al Adhadh:

Congratulations! The Board is pleased to inform you that you passed the 2007 Certification Examination in Internal Medicine and are now certified as a Diplomate in Internal Medicine. Your certification will remain valid through the year 2017.

The following information regarding your certification is attached:

- Score Report
- Description of the Score Report
- Form to order your certificate(s)

The Board's Web site <[www.abim.org](http://www.abim.org)> includes a page to verify certification status and information about the ABIM and its activities. The ABIM verification of certification web page has been updated to indicate that you are certified.

To ensure that you receive timely information from the Board about maintaining your certification, please notify us of any changes in contact information, including an e-mail address. You can update contact information online through the ABIM Web site.

Your name will be provided to the American Board of Medical Specialties for listing in *The Official ABMS Directory of Board Certified Medical Specialists*. You will receive a form from the ABMS, the publisher of the directory, soliciting the information to appear in your listing.

As a newly certified internist, you join a profession committed to life-long learning and quality improvement. These goals are embodied in the ABIM Maintenance of Certification (MOC) program. Details about the MOC program can be found on the ABIM Web site, and the Board will inform you by mail about your MOC status annually.

The Board wishes you continued success as a board certified internist.

Most sincerely,

Christine K. Cassel, M.D.

A MEMBER BOARD OF THE  
AMERICAN BOARD OF  
MEDICAL SPECIALTIES (ABMS)



Baghdad University

Based on what the Council of the College of Medicine presented and approved by the Council of Baghdad University

Maha Naim Hasan Al-Adhadh

was granted the Bachelor Degree in Medicine and Surgery with standing (Pass) and with that she has the right to enjoy all what this Degree entitles her of rights and privileges .

Written in Baghdad on the Twenty Seventh Day of the Month of Rabie Al-Awal of the Year One Thousand , Four Hundred and Twenty Hijri corresponding to the Tenth Day of the Month of July of the Year One Thousand , Nine Hundred and Ninety Nine A.D.

-Sgd.-

The Dean

Prof. Dr. Hikmet Hussain  
Al-Shaarbaf

-Sgd.-

University President

Prof. Dr. Mousa Jawad Aziz  
Al-Musawi

TRANSLATED BY:

Date: 29 JUN 2004

NIDHAL J. JAZRAWI

Sworn Translator

NADIR Bureau for Translation  
Maslah Road Baghdad Iraq Tel.7196399

نضال جليل جزراوي  
مترجمة قانونية مجازة  
رقم الهوية ١٩٢ في ١٩٧٩/١/٢٩  
عضو جمعية المترجمين العراقيين  
العنوان: مكتب نادر للترجمة - مسيح  
بغداد - هاتف : ٧١٩٦٣٩٩

-Sgd.- Prof. Dr. Huda Mahdi Al-Khateeb  
Registration Director

19/5/2004

-Sgd.- Prof. Dr. Khalid Ibrahim Mousa  
Assistant to the Dean

25/5/2004

Seal : Baghdad University /Deanery of the College of Medicine /  
Registration

No. : 12176

Date : 10/7/1999

Seal : Presidency of Baghdad University /Legalizations

No. : 13895

Date : 14/6/2004

-Sgd.- Prof. Dr. Hatum Jabbar Attiya Al-Rubaie

Assistant /University President for Scientific Affairs

Seal : Ministry of Foreign Affairs /Consular Department /  
Legalizations

No. : 17500

Date : 23/6/2004

We approve the correctness of the seal & signature of Baghdad  
University & we are not responsible for the contents of the  
document.

-Sgd.- Jamal Abdullah Al-Jabouri  
For/The Minister

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



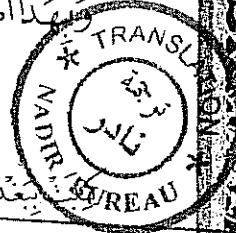
جَامِعَةُ بَغْدَادَ

بناءً على ما عرضه مجلس كلية الطب  
واقتره مجلس جامعة بغداد منحت  
مهلو نعيم حسن العضاض  
درجة بكالوريوس في الطب والجراحة بتقدير ممتاز  
وبهذا أصبح لباحث الشئ بكامل ما حقها هذه الدرجة  
من حقوق وامتيازات

بغداد في اليوم السابع من شهر ربيع الأول من سنة ألف وثمان مائة  
من شهر ربيع الأول من سنة ألف وثمان مائة

رئيس الجامعة  
الدكتور محمد عبد الله عبد الله

العميد  
صورة طبق الأصل  
مستند الجامعة



Original Document in Arabic  
seen and verified in this Office

NADER BUREAU



م. د. هادي هادي الخطيب  
مديرية التسجيل  
بغداد

م. د. هادي هادي الخطيب  
مديرية التسجيل

١٩ / ١٠ / ٢٠٠٦

جامعة بغداد  
عمادة اعداد الدبلوم  
الرقم: ١٢١٧  
الرج: ١٩٩٩ / ١١ / ١٠

MINISTRY OF FOREIGN AFFAIRS  
الوزارة الخارجية  
التوقيعات  
العدد: ١٧٥٠٠  
التاريخ: ٢٣/٦/٢٠٠٤  
Signature: [Signature]  
The undersigned is responsible for the contents of the enclosed.

جماهيرية العراق  
AMA 41 GEBURY

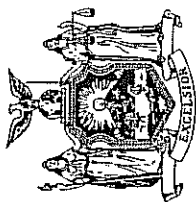


الاستاذ الدكتور

١٢٨٩٥

م. د. هادي هادي الخطيب  
مديرية التسجيل

THE UNIVERSITY OF THE STATE OF NEW YORK  
EDUCATION DEPARTMENT



BE IT KNOWN THAT

MAHA NAIM AL-ADHADH

HAVING GIVEN SATISFACTORY EVIDENCE OF THE COMPLETION OF PROFESSIONAL  
AND OTHER REQUIREMENTS PRESCRIBED BY LAW IS QUALIFIED TO PRACTICE

MEDICINE AND SURGERY

IN THE STATE OF NEW YORK

IN WITNESS WHEREOF THE EDUCATION DEPARTMENT GRANTS THIS LICENSE  
UNDER ITS SEAL AT ALBANY, NEW YORK  
THIS TWENTY-THIRD DAY OF OCTOBER, 2007.

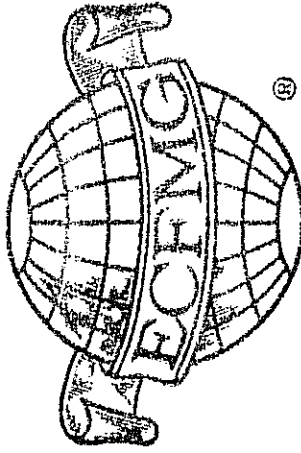
*Richard P. Mills*  
PRESIDENT OF THE UNIVERSITY  
AND COMMISSIONER OF EDUCATION

LICENSE NUMBER  
246581



*Julie Hunsb*  
ASSOCIATE COMMISSIONER  
OFFICE OF THE PROFESSIONS  
*[Signature]*  
EXECUTIVE SECRETARY  
STATE BOARD FOR  
MEDICINE

# EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES



CERTIFIES THAT

MAHA NAIM AL ADHADH

HAS SATISFIED ALL THE REQUIREMENTS OF THE COMMISSION,

SUCCESSFULLY PASSED ITS EXAMINATIONS AND HAS BEEN AWARDED THIS CERTIFICATE.

CERTIFICATE NUMBER

0-644-719-7

MEDICAL SCIENCE

USMLE STEP 1

DECEMBER 12, 2002

USMLE STEP 2 CK

MAY 12, 2003

CLINICAL SKILLS

ECFMG CSA

MAY 28, 2003

VALID INDEFINITELY

ENGLISH TEST

MARCH 10, 2003

VALID INDEFINITELY

*A. Lynn LeBlanc, MD, Dr. PH*  
CHAIR, BOARD OF TRUSTEES

*James A. Hallett, MD*  
PRESIDENT, CHIEF EXECUTIVE OFFICER

DATE ISSUED JULY 9, 2004



NEW YORK  
DOWNTOWN  
HOSPITAL

The President & Trustees of

NEW YORK DOWNTOWN HOSPITAL  
in affiliation with

WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY

Upon recommendation of the Attending Staff hereby certify that

**Atsuh A Adhah, M.D.**


HAS SUCCESSFULLY COMPLETED THE PRESCRIBED COURSE OF  
PROFESSIONAL CLINICAL TRAINING WITH ABILITY AND INTEGRITY AS

**Intern and Resident in Internal Medicine**

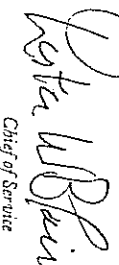
from July 1, 2004 to June 30, 2007

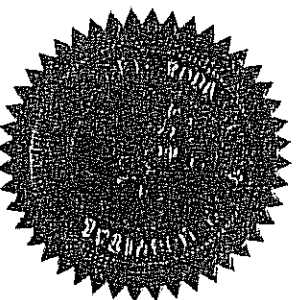
*In Witness Whereof* THIS CERTIFICATE IS ISSUED, WITH THE SIGNATURES OF THE  
CHAIRMAN OF THE BOARD OF TRUSTEES, THE PRESIDENT OF THE HOSPITAL, THE CHIEF  
OF SERVICE AND THE SEAL OF THE INSTITUTION HEREUNTO AFFIXED.

*Given in the City of New York, in the one hundred fifty fifth year of the Hospital, this thirtieth day  
of June, two thousand seven.*

  
Chairman, Board of Trustees

  
President & Chief Executive Officer

  
Chief of Service



Department of Homeland Security  
U.S. Citizenship and Immigration Services

## I-797C, Notice of Action



Receipt			NOTICE DATE September 01, 2005
CASE TYPE N400 Application For Naturalization			INS A# A 078 775 159
APPLICATION NUMBER ESC*001478744	RECEIVED DATE August 25, 2005	PRIORITY DATE August 25, 2005	PAGE 1 of 1

APPLICANT NAME AND MAILING ADDRESS  
MAHA NAIM AL ADHADH  
69 GOLD STREET APT 15 F  
NEW YORK NY 10038

## PAYMENT INFORMATION:

Single Application Fee: \$390.00  
Total Amount Received: \$390.00  
Total Balance Due: \$0.00

|||||

The above application has been received by our office and is in process. Our records indicate your personal information is as follows:

Date of Birth: January 17, 1974  
Address Where You Live: 69 GOLD STREET APT 15 F  
NEW YORK NY 10038

Please verify your personal information listed above and immediately notify our office at the address or phone number listed below if there are any changes.

You will be notified of the date and place of your interview when you have been scheduled by the local INS office. You should expect to be notified within 540 days of this notice.

If you have any questions or comments regarding this notice or the status of your case, please contact our office at the below address or customer service number. You will be notified separately about any other cases you may have filed.

If you have other questions about possible immigration benefits and services, filing information, or INS forms, please call the INS National Customer Service Center (NCSC) at 1-800-375-5283. If you are hearing impaired, please call the NCSC TDD at 1-800-767-1833.

If you have access to the Internet, you can also visit INS at [www.ins.usdoj.gov](http://www.ins.usdoj.gov). Here you can find valuable information about forms and filing instructions, and about general immigration services and benefits. At present, this site does not provide case status information.

INS Office Address:  
US IMMIGRATION AND NATURALIZATION SERVICE  
75 LOWER WELDEN STREET  
ST ALBANS VT 05479-

INS Customer Service Number:  
(800) 375-5283

APPLICANT COPY



U.S. Department of Justice  
Immigration and Naturalization Service

## Application for Naturalization

Print clearly or type your answers using CAPITAL letters. Failure to print clearly may delay your application. Use black or blue ink.

## Part 1. Your Name (The Person Applying for Naturalization)

Write your INS "A"- number here:

A 78775159

## A. Your current legal name.

Family Name (Last Name)

AL ADHADH

Given Name (First Name)

MAHA

Full Middle Name (If applicable)

NAIM

## FOR INS USE ONLY

Bar Code

Date Stamp

Remarks

Action

## 3. Your name exactly as it appears on your Permanent Resident Card.

Family Name (Last Name)

ADHADH

Given Name (First Name)

MAHA

Full Middle Name (If applicable)

NAIM

## C. If you have ever used other names, provide them below.

Family Name (Last Name)

Given Name (First Name)

Middle Name


## D. Name change (optional)

Please read the Instructions before you decide whether to change your name.

1. Would you like to legally change your name? ☒ Yes ☐ No

2. If "Yes," print the new name you would like to use. Do not use initials or abbreviations when writing your new name.

Family Name (Last Name)

NAIM

Given Name (First Name)

MAHA

Full Middle Name

## Part 2. Information About Your Eligibility (Check Only One)

I am at least 18 years old AND

- A. ☒ I have been a Lawful Permanent Resident of the United States for at least 5 years.
- B. ☐ I have been a Lawful Permanent Resident of the United States for at least 3 years, AND I have been married to and living with the same U.S. citizen for the last 3 years, AND my spouse has been a U.S. citizen for the last 3 years.
- C. ☐ I am applying on the basis of qualifying military service.
- D. ☐ Other (Please explain) \_\_\_\_\_

**Part 3. Information About You**

Write your IN "number here:

A 7 8 7 7 5 1 5 9

- A. Social Security Number B. Date of Birth (Month/Day/Year) C. Date You Became a Permanent Resident (Month/Day/Year)

613-19-0270

01/17/1974

05/04/2000

- D. Country of Birth

- E. Country of Nationality

IRAQ

IRAQ

- F. Are either of your parents U.S. citizens? (if yes, see Instructions)

☐ Yes☒ No

- G. What is your current marital status?

☒ Single, Never Married☐ Married☐ Divorced☐ Widowed☐ Marriage Annulled or Other (Explain)

- H. Are you requesting a waiver of the English and/or U.S. History and Government requirements based on a disability or impairment and attaching a Form N-648 with your application?

☐ Yes☒ No

Are you requesting an accommodation to the naturalization process because of a disability or impairment? (See Instructions for some examples of accommodations.)

☐ Yes☒ No

If you answered "Yes", check the box below that applies:

☐ I am deaf or hearing impaired and need a sign language interpreter who uses the following language:☐ I use a wheelchair.☐ I am blind or sight impaired.☐ I will need another type of accommodation. Please explain:**Part 4. Addresses and Telephone Numbers**

- Home Address - Street Number and Name (Do NOT write a P.O. Box in this space)

Apartment Number

69 Gold street

15 F

City

County

State

ZIP Code

Country

New York

U.S.A

NY

10038

U.S.A

- Care of

Mailing Address - Street Number and Name (If different from home address)

Apartment Number

City

State

ZIP Code

Country

- Daytime Phone Number (If any)

Evening Phone Number (If any)

E-mail Address (If any)

(617) 877-7192

(617) 877 7192

DR. HAHN @ Gmail. Com

**Part 5. Information for Criminal Records Search**

Write your ID number here:

A 7 8 7 7 5 1 5 9

Note: The categories below are those required by the FBI. See Instructions for more information.

- A. Gender ☐ Male ☒ Female
- B. Height
- C. Weight
- D. Are you Hispanic or Latino? ☐ Yes ☒ No
- E. Race (Select one or more.)
- ☒ White ☐ Asian ☐ Black or African American ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander
- F. Hair color
- ☐ Black ☒ Brown ☐ Blonde ☐ Gray ☐ White ☐ Red ☐ Sandy ☐ Bald (No Hair)
- G. Eye color
- ☒ Brown ☐ Blue ☐ Green ☐ Hazel ☐ Gray ☐ Black ☐ Pink ☐ Maroon ☐ Other

**Part 6. Information About Your Residence and Employment**

1. Where have you lived during the last 5 years? Begin with where you live now and then list every place you lived for the last 5 years. If you need more space, use a separate sheet of paper.

Street Number and Name, Apartment Number, City, State, Zip Code and Country	Dates (Month/Year)	
	From	To
Current Home Address - Same as Part 4.A	07/2004	Present
24322 ALYSSUM PL, Valencia, CA 91354 / USA	02/2004	06/2004
4202 Fourth Ave. #304, San Diego, CA 92103 / USA	11/2003	02/2004
220 SPRING St. Medford, MA 02155, USA	06/2003	10/2003
9249 Village Glen Dr. #206, San Diego, CA 92123, USA	01/2003	05/2003

2. Where have you worked (or, if you were a student, what schools did you attend) during the last 5 years? Include military service. Begin with your current or latest employer and then list every place you have worked or studied for the last 5 years. If you need more space, use a separate sheet of paper.

Employer or School Name	Employer or School Address (Street, City and State)	Dates (Month/Year)		Your Occupation
		From	To	
NYU Downtown Hospital	170 William St. New York, NY 10038	07/2004	Present	Medical Doctor
Coalition of Provisional Authority (CPA)	Baghdad - Iraq Republican Palace	03/2004	06/2004	Data analyst for Detainee's office.
Emmanuel Shattuck Hospital	170 Morton Street Jamaica Plain, MA 02130	06/2003	09/2003	Medical Extern
Grossmont Hospital	5555 Grossmont C.D.E. La Mesa, CA 91944	08/2001 07/2002 01/2003	02/2002 09/2002 01/2003	Patient specialist
Viko Test Lab	2006 Martin Ave. Santa Clara, CA 95050	01/2001	06/2001	Quality Assurance

Continued addresses

A 78-775-159

Maha AL Akhadh

4050 Third Ave. #308  
San Diego, CA 92103

July 2001 - January 2003

461 Clifton Ave.  
San Jose, CA 95128

December 2000 - July 2001

794 Park Court  
Santa Clara, CA 95050

October 2000 - December 2000

3871 Mesa Dr. #204  
Oceanside, CA 92065

July 2000 - Sept 2000

Maha Akhadh

**Part 7. Time Outside the United States***(Including Trips to Canada, Mexico, and the Caribbean Islands)*

Write your ID "A" number here:

A 7 8 3 1 5 1 5 9

A. How many total days did you spend outside of the United States during the past 5 years?

257 days

B. How many trips of 24 hours or more have you taken outside of the United States during the past 5 years?

3 trips

C. List below all the trips of 24 hours or more that you have taken outside of the United States since becoming a Lawful Permanent Resident. Begin with your most recent trip. If you need more space, use a separate sheet of paper.

Date You Left the United States (Month/Day/Year)	Date You Returned to the United States (Month/Day/Year)	Did Trip Last 6 Months or More?		Countries to Which You Traveled	Total Days Out of the United States
03/07/2004	06/24/2004	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	IRAQ	107
09/01/2003	10/01/2003	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Canada	30
09/03/2002	01/02/2003	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Canada	120
/ /	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
/ /	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
/ /	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
/ /	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
/ /	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
/ /	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
/ /	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

**Part 8. Information About Your Marital History**

A. How many times have you been married (including annulled marriages)?

If you have NEVER been married, go to Part 9.

B. If you are now married, give the following information about your spouse:

N/A

1. Spouse's Family Name (Last Name)

Given Name (First Name)

Full Middle Name (If applicable)

2. Date of Birth (Month/Day/Year)

3. Date of Marriage (Month/Day/Year)

4. Spouse's Social Security Number

5. Home Address - Street Number and Name

Apartment Number

City

State

ZIP Code

**Part 8. Information About Your Marital Hist** *(Continued)*

Write your "A" - number here:

A 7 8 . 7 5 1 5 9

C. Is your spouse a U.S. citizen? ☐ Yes ☐ No N/A

D. If your spouse is a U.S. citizen, give the following information:

1. When did your spouse become a U.S. citizen?

☐ At Birth☐ Other

If "Other," give the following information:

2. Date your spouse became a U.S. citizen

3. Place your spouse became a U.S. citizen *(Please see Instructions)*

\_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_

City and State

E. If your spouse is NOT a U.S. citizen, give the following information :

1. Spouse's Country of Citizenship

2. Spouse's INS "A" - Number *(If applicable)*

\_\_\_\_\_

A \_\_\_\_\_

3. Spouse's Immigration Status

☐ Lawful Permanent Resident☐ Other \_\_\_\_\_

F. If you were married before, provide the following information about your prior spouse. If you have more than one previous marriage, use a separate sheet of paper to provide the information requested in questions 1-5 below.

1. Prior Spouse's Family Name *(Last Name)*Given Name *(First Name)*Full Middle Name *(If applicable)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Prior Spouse's Immigration Status

3. Date of Marriage *(Month/Day/Year)*4. Date Marriage Ended *(Month/Day/Year)*☐ U.S. Citizen

\_\_\_/\_\_\_/\_\_\_

\_\_\_/\_\_\_/\_\_\_

☐ Lawful Permanent Resident

5. How Marriage Ended

☐ Other \_\_\_\_\_☐ Divorce☐ Spouse Died☐ Other \_\_\_\_\_

3. How many times has your current spouse been married (including annulled marriages)?

☐If your spouse has EVER been married before, give the following information about **your spouse's** prior marriage.

If your spouse has more than one previous marriage, use a separate sheet of paper to provide the information requested in questions 1 - 5 below.

1. Prior Spouse's Family Name *(Last Name)*Given Name *(First Name)*Full Middle Name *(If applicable)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Prior Spouse's Immigration Status

3. Date of Marriage *(Month/Day/Year)*4. Date Marriage Ended *(Month/Day/Year)*☐ U.S. Citizen

\_\_\_/\_\_\_/\_\_\_

\_\_\_/\_\_\_/\_\_\_

☐ Lawful Permanent Resident

5. How Marriage Ended

☐ Other \_\_\_\_\_☐ Divorce☐ Spouse Died☐ Other \_\_\_\_\_



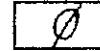
**Part 9. Information About Your Children**

Write your "A"- number here:

A 7 8 . 7 5 1 5 9

A. How many sons and daughters have you had? For more information on which sons and daughters you should include and how to complete this section, see the Instructions.

N/A



B. Provide the following information about all of your sons and daughters. If you need more space, use a separate sheet of paper.

Full Name of Son or Daughter	Date of Birth (Month/Day/Year)	INS "A"- number (if child has one)	Country of Birth	Current Address (Street, City, State & Country)
	/ /	A		
	/ /	A		
	/ /	A		
	/ /	A		
	/ /	A		
	/ /	A		
	/ /	A		
	/ /	A		

**Part 10. Additional Questions**

Please answer questions 1 through 14. If you answer "Yes" to any of these questions, include a written explanation with this form. Your written explanation should (1) explain why your answer was "Yes," and (2) provide any additional information that helps to explain your answer.

**A. General Questions**

- Have you **EVER** claimed to be a U.S. citizen (in writing or any other way)? ☐ Yes ☒ No
- Have you **EVER** registered to vote in any Federal, state, or local election in the United States? ☐ Yes ☒ No
- Have you **EVER** voted in any Federal, state, or local election in the United States? ☐ Yes ☒ No
- Since becoming a Lawful Permanent Resident, have you **EVER** failed to file a required Federal, state, or local tax return? ☐ Yes ☒ No
- Do you owe any Federal, state, or local taxes that are overdue? ☐ Yes ☒ No
- Do you have any title of nobility in any foreign country? ☐ Yes ☒ No
- Have you ever been declared legally incompetent or been confined to a mental institution within the last 5 years? ☐ Yes ☒ No

**Part 10. Additional Questions (Continued)**

Write your "A"- number here:

A 7 8 7 7 5 1 5 9

**B. Affiliations**

8. a. Have you **EVER** been a member of or associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other place? ☐ Yes ☒ No
- b. If you answered "Yes," list the name of each group below. If you need more space, attach the names of the other group(s) on a separate sheet of paper.

Name of Group	Name of Group
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

9. Have you **EVER** been a member of or in any way associated (*either directly or indirectly*) with:
- a. The Communist Party? ☐ Yes ☒ No
- b. Any other totalitarian party? ☐ Yes ☒ No
- c. A terrorist organization? ☐ Yes ☒ No
10. Have you **EVER** advocated (*either directly or indirectly*) the overthrow of any government by force or violence? ☐ Yes ☒ No
11. Have you **EVER** persecuted (*either directly or indirectly*) any person because of race, religion, national origin, membership in a particular social group, or political opinion? ☐ Yes ☒ No
12. Between March 23, 1933, and May 8, 1945, did you work for or associate in any way (*either directly or indirectly*) with:
- a. The Nazi government of Germany? ☐ Yes ☒ No
- b. Any government in any area (1) occupied by, (2) allied with, or (3) established with the help of the Nazi government of Germany? ☐ Yes ☒ No
- c. Any German, Nazi, or S.S. military unit, paramilitary unit, self-defense unit, vigilante unit, citizen unit, police unit, government agency or office, extermination camp, concentration camp, prisoner of war camp, prison, labor camp, or transit camp? ☐ Yes ☒ No

**C. Continuous Residence**

Since becoming a Lawful Permanent Resident of the United States:

13. Have you **EVER** called yourself a "nonresident" on a Federal, state, or local tax return? ☐ Yes ☒ No
14. Have you **EVER** failed to file a Federal, state, or local tax return because you considered yourself to be a "nonresident"? ☐ Yes ☒ No

**Part 10. Additional Questions (Continued)**

Write your I A"- number here:

A 7 8 7 7 5 1 5 9

**D. Good Moral Character**

For the purposes of this application, you must answer "Yes" to the following questions, if applicable, even if your records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record.

15. Have you **EVER** committed a crime or offense for which you were NOT arrested? ☐ Yes ☒ No
16. Have you **EVER** been arrested, cited, or detained by any law enforcement officer (including INS and military officers) for any reason? ☐ Yes ☒ No
17. Have you **EVER** been charged with committing any crime or offense? ☐ Yes ☒ No
18. Have you **EVER** been convicted of a crime or offense? ☐ Yes ☒ No
19. Have you **EVER** been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)? ☐ Yes ☒ No
20. Have you **EVER** received a suspended sentence, been placed on probation, or been paroled? ☐ Yes ☒ No
21. Have you **EVER** been in jail or prison? ☐ Yes ☒ No

If you answered "Yes" to any of questions 15 through 21, complete the following table. If you need more space, use a separate sheet of paper to give the same information.

Why were you arrested, cited, detained, or charged?	Date arrested, cited, detained, or charged (Month/Day/Year)	Where were you arrested, cited, detained or charged? (City, State, Country)	Outcome or disposition of the arrest, citation, detention or charge (No charges filed, charges dismissed, jail, probation, etc.)

Answer questions 22 through 33. If you answer "Yes" to any of these questions, attach (1) your written explanation why your answer was "Yes," and (2) any additional information or documentation that helps explain your answer.

22. Have you **EVER**:
- a. been a habitual drunkard? ☐ Yes ☒ No
  - b. been a prostitute, or procured anyone for prostitution? ☐ Yes ☒ No
  - c. sold or smuggled controlled substances, illegal drugs or narcotics? ☐ Yes ☒ No
  - d. been married to more than one person at the same time? ☐ Yes ☒ No
  - e. helped anyone enter or try to enter the United States illegally? ☐ Yes ☒ No
  - f. gambled illegally or received income from illegal gambling? ☐ Yes ☒ No
  - g. failed to support your dependents or to pay alimony? ☐ Yes ☒ No
23. Have you **EVER** given false or misleading information to any U.S. government official while applying for any immigration benefit or to prevent deportation, exclusion, or removal? ☐ Yes ☒ No
24. Have you **EVER** lied to any U.S. government official to gain entry or admission into the United States? ☐ Yes ☒ No

**Part 10. Additional Questions (Continued)**

Write your "A"- number here:

A 7 8 1 7 5 1 5 9

**E. Removal, Exclusion, and Deportation Proceedings**

25. Are removal, exclusion, rescission or deportation proceedings pending against you? ☐ Yes ☒ No
26. Have you **EVER** been removed, excluded, or deported from the United States? ☐ Yes ☒ No
27. Have you **EVER** been ordered to be removed, excluded, or deported from the United States? ☐ Yes ☒ No
28. Have you **EVER** applied for any kind of relief from removal, exclusion, or deportation? ☐ Yes ☒ No

**F. Military Service**

29. Have you **EVER** served in the U.S. Armed Forces? ☐ Yes ☒ No
30. Have you **EVER** left the United States to avoid being drafted into the U.S. Armed Forces? ☐ Yes ☒ No
31. Have you **EVER** applied for any kind of exemption from military service in the U.S. Armed Forces? ☐ Yes ☒ No
32. Have you **EVER** deserted from the U.S. Armed Forces? ☐ Yes ☒ No

**G. Selective Service Registration**

33. Are you a male who lived in the United States at any time between your 18th and 26th birthdays in any status except as a lawful nonimmigrant? ☐ Yes ☒ No

If you answered "NO", go on to question 34.

If you answered "YES", provide the information below.

If you answered "YES", but you did NOT register with the Selective Service System and are still under 26 years of age, you must register before you apply for naturalization, so that you can complete the information below:

Date Registered (Month/Day/Year)

Selective Service Number

If you answered "YES", but you did NOT register with the Selective Service and you are now 26 years old or older, attach a statement explaining why you did not register.

**I. Oath Requirements (See Part 14 for the text of the oath)**

Answer questions 34 through 39. If you answer "No" to any of these questions, attach (1) your written explanation why the answer was "No" and (2) any additional information or documentation that helps to explain your answer.

34. Do you support the Constitution and form of government of the United States? ☒ Yes ☐ No
35. Do you understand the full Oath of Allegiance to the United States? ☒ Yes ☐ No
36. Are you willing to take the full Oath of Allegiance to the United States? ☒ Yes ☐ No
37. If the law requires it, are you willing to bear arms on behalf of the United States? ☒ Yes ☐ No
38. If the law requires it, are you willing to perform noncombatant services in the U.S. Armed Forces? ☒ Yes ☐ No
39. If the law requires it, are you willing to perform work of national importance under civilian direction? ☒ Yes ☐ No

**Part 11. Your Signature**

Write your S "A" - number here:

A 7 8 7 7 5 1 5 9

I certify, under penalty of perjury under the laws of the United States of America, that this application, and the evidence submitted with it, are all true and correct. I authorize the release of any information which INS needs to determine my eligibility for naturalization.

Your Signature

Date (Month/Day/Year)

*Heide Cleland*

0 8 / 1 5 / 2 0 0 5

**Part 12. Signature of Person Who Prepared This Application for You (if applicable)**

I declare under penalty of perjury that I prepared this application at the request of the above person. The answers provided are based on information of which I have personal knowledge and/or were provided to me by the above named person in response to the exact questions contained on this form.

N/A

Preparer's Printed Name

Preparer's Signature

Date (Month/Day/Year)

Preparer's Firm or Organization Name (If applicable)

Preparer's Daytime Phone Number

/ /

( )

Preparer's Address - Street Number and Name

City

State

ZIP Code

**Do Not Complete Parts 13 and 14 Until an INS Officer Instructs You To Do So****Part 13. Signature at Interview**

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this application for naturalization subscribed by me, including corrections numbered 1 through \_\_\_\_\_ and the evidence submitted by me numbered pages 1 through \_\_\_\_\_, are true and correct to the best of my knowledge and belief.

Subscribed to and sworn to (affirmed) before me

Officer's Printed Name or Stamp

Date (Month/Day/Year)

Complete Signature of Applicant

Officer's Signature

**Part 14. Oath of Allegiance**

If your application is approved, you will be scheduled for a public oath ceremony at which time you will be required to take the following oath of allegiance immediately prior to becoming a naturalized citizen. By signing, you acknowledge your willingness and ability to take this oath:

I hereby declare, on oath, that I absolutely and entirely renounce and abjure all allegiance and fidelity to any foreign prince, potentate, state, or sovereignty, of whom or which I have heretofore been a subject or citizen;

that I will support and defend the Constitution and laws of the United States of America against all enemies, foreign and domestic;

that I will bear true faith and allegiance to the same;

that I will bear arms on behalf of the United States when required by the law;

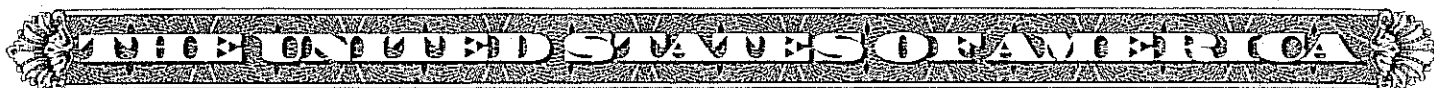
that I will perform noncombatant service in the Armed Forces of the United States when required by the law;

that I will perform work of national importance under civilian direction when required by the law; and

that I take this obligation freely, without any mental reservation or purpose of evasion; so help me God.

Printed Name of Applicant

Complete Signature of Applicant



Fingerprint Notification

CASE TYPE

N400 Application For Naturalization

APPLICATION NUMBER

ESC\*001478744

RECEIVED DATE

August 25, 2005

PRIORITY DATE

August 25, 2005

NOTICE DATE

September 07, 2005

INS AF

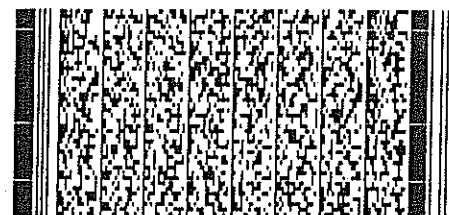
A 078 775 159

PAGE

1 of 1

APPLICANT NAME AND MAILING ADDRESS

MAHA NAIM AL ADHADH  
69 GOLD STREET APT 15 F  
NEW YORK NY 10038



|||||

To process your application, INS must take your fingerprints and have them cleared by the FBI. **PLEASE APPEAR AT THE BELOW APPLICATION SUPPORT CENTER AT THE APPOINTED DATE AND TIME TO HAVE YOUR FINGERPRINTS TAKEN.** If you are unable to appear at this time, you may go on any following Wednesday at the same time noted below, as long as you appear before 12/16/2005. If you do not have your fingerprints taken by that date, your application will be considered abandoned.

APPLICATION SUPPORT CENTER

INS NEW YORK VARICK ST.  
201 VARICK STREET  
1023  
NEW YORK NY 10014

DATE AND TIME OF APPOINTMENT

09/23/2005  
12:00 PM

**WHEN YOU GO TO THE APPLICATION SUPPORT CENTER TO HAVE YOUR FINGERPRINTS TAKEN, YOU MUST BRING:**

1. **THIS APPOINTMENT NOTICE** and
2. **PHOTO IDENTIFICATION.** Naturalization applicants must bring their Alien Registration Card. All other applicants must bring a passport, driver's license, national ID, military ID, or State-issued photo ID. If you appear without proper identification, you will not be fingerprinted.

**PLEASE DISREGARD THIS NOTICE IF YOUR APPLICATION HAS ALREADY BEEN GRANTED.**

**WARNING!**

*Due to limited seating availability in our lobby areas, only persons who are necessary to assist with transportation or completing the fingerprint worksheet should accompany you.*

If you have any questions regarding this notice, please feel free to call 1-800-375-5283.

**BIOMETRICS PROCESSING STAMP**

ASC SITE CODE: XNK

BIOMETRICS QA REVIEW BY:

ON

TENPRINTS QA REVIEW BY:

395084 ON 10/12/05

APPLICANT COPY





## N-652, Naturalization Interview Results

On

4/27/06

you were interviewed by USCIS officer

A#:

2877515-9

YAN D.A.O.

☒ You passed the tests of English and U.S. history and government.☒ You passed the tests of U.S. history and government and the English language requirement was waived.☒ USCIS has accepted your request for a Disability Exception. You are exempted from the requirement to demonstrate English language ability and/or a knowledge of U.S. history and government.☐ You will be given another opportunity to be tested on your ability to \_\_\_\_\_ speak/\_\_\_\_\_ read/\_\_\_\_\_ write \_\_\_\_\_ English.☐ You will be given another opportunity to be tested on your knowledge of U.S. history and government.☐ Please follow the instructions on Form N-14.☒ USCIS will send you a written decision about your application.☐ You did not pass the second and final test of your \_\_\_\_\_ English ability/\_\_\_\_\_ knowledge of U.S. history and government. You will not be rescheduled for another interview for this Form N-400. USCIS will send you a written decision about your application.

A) \_\_\_\_\_ Congratulations! Your application has been recommended for approval. At this time it appears that you have established your eligibility for naturalization. If final approval is granted, you will be notified when and where to report for the Oath Ceremony.

B) \_\_\_\_\_ A decision cannot yet be made about your application.

It is very important that you:

☒ Notify USCIS if you change your address.☒ Come to any scheduled interview.☒ Submit all requested documents.☒ Send any questions about this application in writing to the officer named above. Include your full name, Alien Registration Number (A#), and a copy of this paper.☒ Go to any Oath Ceremony that you are scheduled to attend.☒ Notify USCIS as soon as possible in writing if you cannot come to any scheduled interview or Oath Ceremony. Include a copy of this paper and a copy of the scheduling notice.

NOTE: Please be advised that under section 336 of the Immigration and Nationality Act, you have the right to request a hearing before an immigration officer if your application is denied, or before the U.S. district court if USCIS had not made a determination on your application within 120 days of the date of your examination.

Waiting for oath letter

Dear applicant,

Your FBI name check has not been cleared. The Service cannot approve your case until this name check process is cleared. After September 11, 2001, a new procedure has been implemented. All applicants who apply for citizenship need to go through a name/background check by FBI (Federal Bureau of Investigation). This is an additional procedure on top of the fingerprint clearance. The Immigration has not been informed by the FBI that there is a definite time frame for this procedure. It could take weeks or months or even years. This additional background check has nothing to do with any particular race, religion, sex, or ethnic group. All the applications will be closely watched and will be checked in a weekly basis. Once the check by FBI is cleared, you will be notified by letter.

Yours truly,

DAO Yim





Department of Homeland Security  
Citizenship and Immigration Services

---

A078 775 159

26 Federal Plaza  
New York, NY 10278

May 16, 2007

Maha Al Adhadh  
69 Gold Street, 15-F  
New York, NY 10038

Dear Applicant:

This will acknowledge receipt of your inquiry dated May 16, 2007 regarding the status of your application for naturalization.

Please be advised that your application is **pending receipt for security checks**. Upon receipt of all security checks, decision will be made on your application for naturalization.

We hope the information provided is helpful. Thank you for your patience and cooperation in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Hernandez", written over the printed name.

C. Hernandez  
Immigration Information Officer  
Citizenship and Immigration Services  
Naturalization Section  
New York District

Form **8879**Department of the Treasury  
Internal Revenue Service**IRS e-file Signature Authorization**

- Do not send to the IRS. This is not a tax return.  
► Keep this form for your records. See instructions.

OMB No. 1545-0074

**2006**

Declaration Control Number (DCN)

00-221672-09062-7

Taxpayer's name

MAHA AL-ADHADH

Social security number

613-19-0270

Spouse's name

Spouse's social security number

**Part I Tax Return Information – Tax Year Ending December 31, 2006 (Whole Dollars Only)**

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	48,293.
2 Total tax (Form 1040, line 63; Form 1040A, line 37; Form 1040EZ, line 11)	2	6,151.
3 Federal income tax withheld (Form 1040, line 64; Form 1040A, line 38; Form 1040EZ, line 7)	3	7,116.
4 Refund (Form 1040, line 74a; Form 1040A, line 45a; Form 1040EZ, line 12a, Form 1040EZ-T, line 1a)	4	995.
5 Amount you owe (Form 1040, line 76; Form 1040A, line 47; Form 1040EZ, line 13)	5	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return or request for refund and accompanying schedules and statements for the tax year ending December 31, 2006, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return or request for refund. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return or request to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return or request for refund and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize RALPH E. ROSENBAUM CPA to enter or generate my PIN 90270  
ERO firm name do not enter all zeros

as my signature on my tax year 2006 electronically filed income tax return or request for refund.

☐ I will enter my PIN as my signature on my tax year 2006 electronically filed income tax return or request for refund. Check this box **only** if you are entering your own PIN and your return or request is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's PIN: check one box only

☐ I authorize \_\_\_\_\_ to enter or generate my PIN \_\_\_\_\_  
ERO firm name do not enter all zeros

as my signature on my tax year 2006 electronically filed income tax return or request for refund.

☐ I will enter my PIN as my signature on my tax year 2006 electronically filed income tax return or request for refund. Check this box **only** if you are entering your own PIN and your return or request is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature

Date

**Practitioner PIN Method Returns Only – continue below****Part III Certification and Authentication – Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 22167266666  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2006 electronically filed income tax return or request for refund for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature

Date

03/27/07

**ERO Must Retain This Form – See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **9325**  
(Rev. January 2007)

Department of the Treasury — Internal Revenue Service

**Acknowledgement and General Information for  
Taxpayers Who File Returns Electronically**

613-19-0270

Thank you for taking part in the IRS e-file Program.

MAHA AL-ADHADH

(Taxpayer Name)

69 GOLD ST APT 15F

(Taxpayer Address optional)

NEW YORK NY 10038

- 1 ☒ Your federal income tax return/extension for 2006 was filed electronically with the Andover Submission Processing Center of the IRS by the services of RALPH E. ROSENBAUM CPA.
- 2 ☒ Your return was accepted by the IRS on 03/22/2007 and the Declaration Control Number (DCN) assigned to your return is 00-221672-09062-7.
- a ☒ Your return was accepted using a PIN (You entered a PIN or authorized the Electronic Return Originator to enter or generate a PIN for you.)
- b ☐ Your return was accepted electronically without a PIN. A Form 8453 signature document is required. Please contact your Electronic Return Originator if you have not already completed a Form 8453, U.S. Individual Income Tax Declaration for an IRS e-file Return.
- 3 ☐ Your return was 'conditionally' accepted by the IRS on \_\_\_\_\_. The Earned Income Credit or a Dependent's Exemption on your return may be reduced or disallowed due to a Child's Name and Social Security Number mismatch.
- 4 ☐ Debt Indicator Code — Part or all of your refund may be offset to a debt owed to the Internal Revenue Service, the Office of Child Support Enforcement, or other government agency.
- 5 ☐ Your electronic funds withdrawal payment was accepted.
- 6 ☐ Your electronic funds withdrawal payment was NOT accepted. You must pay the balance due by the prescribed due date.
- 7 ☐ Your Form 4868 extension was accepted by the IRS on \_\_\_\_\_ and the Declaration Control Number (DCN) assigned to your extension is \_\_\_\_\_.

PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

**If You Need to Make a Change to Your Return**

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS submission processing center that processes paper returns for your area. The address is available at [www.irs.gov](http://www.irs.gov), or you can call the IRS toll-free at 1-800-829-1040.

**If You Need to Ask About Your Refund**

The IRS will notify your Electronic Return Originator (ERO) when they accept your return, usually within 48 hours. If your return wasn't accepted, the IRS will notify your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to [www.irs.gov](http://www.irs.gov) and click on 'Where's My Refund' then on 'Go Get My Refund Status.' Exception: If box 3 above is checked, please allow 4 to 6 weeks for processing of conditionally accepted returns. Also, you can call the IRS toll-free Tele-Tax return information number, 1-800-829-4477, to check the status of your refund. **You will need to know the first social security number shown on your return, your filing status, and the exact amount of the refund you expect.** Tele-Tax should give you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by Tele-Tax, or within one week of that date if you chose direct deposit. If you don't receive it by then, or if Tele-Tax does not give your refund information, call the IRS office at 1-800-829-1954.

### If You Owe Tax

If your e-filed return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card while e-filing your return, no voucher is needed. To use your credit card to pay by phone or Internet, you may call, toll free, 1-800-2PAY-TAX(SM) (1-800-272-9829), or 1-888-PAY-1040(SM) (1-888-729-1040), or visit [www.officialpayments.com](http://www.officialpayments.com) or [www.PAY1040.com](http://www.PAY1040.com). You may use a VISA(R) card, American Express(R) Card, Discover Card(R) or MasterCard(R) card. The service providers, based on the amount you are paying, will charge a convenience fee. The fees may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction.

If you are not paying electronically, you may use the payment voucher, Form 1040-V, you will receive in the mail or you can obtain a payment voucher from your electronic filer. If the IRS doesn't receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can't pay the amount in full, please complete Form 9465, Installment Agreement Request. You may electronically file Form 9465. To obtain a paper Form 9465, you may call 1-800-829-3676 or visit [www.irs.gov](http://www.irs.gov). Mail the paper form to the address in the form's instructions.

### If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You can call 1-888-353-4537, toll-free, to inquire about the status of an electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You will need the social security number of the first person listed on the tax return, the payment amount and the bank account number. Cancellation requests must be received no later than 8:00 p.m. Eastern Time, two business days prior to the scheduled payment date.

### Refund Anticipation Loans

A refund anticipation loan is a loan made to you based on the refund you expect to receive. This loan is a contract between you and a lender. The IRS is not involved in this contract, can't grant or deny the loan, and can't answer any questions about it. **If you have any questions about a refund anticipation loan, contact your electronic filer or the lender.**

You have requested a refund check mailed to your home address.  
You should expect your refund check to be mailed between 04/06/2007 and 04/13/2007\*\*.  
Please see line 4 above - "Debt Indicator Code" - for further refund information.

\*\*The IRS does not guarantee a specific date that a refund will be mailed to a taxpayer's home address.



## New York State E-file Signature Authorization for Tax Year 2006 For Forms IT-150, IT-201, and IT-203

Electronic return originators (EROs) should not mail this form to the Tax Department.

Taxpayer's name: MAHA AL-ADHADH

Spouse's name: \_\_\_\_\_

(jointly filed return only)

### Purpose

Form TR-579 must be completed to authorize EROs to enter the taxpayer personal identification number (PIN) as the electronic signature for electronic personal income tax returns or electronic funds withdrawals, or both.

EROs must complete Part B prior to transmitting electronically filed income tax returns (Forms IT-150, IT-201, and IT-203).

For returns filed jointly, both spouses must complete and sign Form TR-579 and enter their five-digit PIN, or authorize the ERO to do so.

### General Instructions

Taxpayers must complete **Part A** before EROs transmit the taxpayers' electronically filed Forms IT-150, *Resident Income Tax Return (short form)*; IT-201, *Resident Income Tax Return (long form)*; or IT-203, *Nonresident and Part-Year Resident Income Tax Return*.

### Do not mail Form TR-579 to the Tax Department.

EROs must keep this form for three years and present it to the Tax Department upon request.

This form is not required for electronically filed Forms IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1, *New York State Authorization for Electric Funds Withdrawal for Tax Year 2006 Form IT-370*.

### Part A – Declaration of taxpayer and authorizations for Forms IT-150, IT-201, and IT-203

Under penalty of perjury, I declare that I have examined the information on my 2006 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, my electronic personal income tax return is true, correct, and complete. The ERO has my consent to send my 2006 New York State electronic personal income tax return to New York State through the Internal Revenue Service. I authorize the ERO to enter my PIN as my signature on my 2006 New York State electronic personal income tax return, or I will enter my PIN as my signature on my 2006 New York State electronic personal income tax return. If I am paying my New York State personal income taxes owed by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2006 electronic personal income tax return, and I authorize my financial institution to debit the entry to my account.

Enter the five-digit PIN used as the signature on the electronic return:

90270

(taxpayer)

(spouse)

Taxpayer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse's signature: \_\_\_\_\_  
(jointly filed return only)

Date: \_\_\_\_\_

### Part B – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this taxpayer's 2006 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2006 New York State personal income tax return signed by a paid preparer, I declare that the information contained in the taxpayer's 2006 New York State electronic personal income tax return is identical to that contained in the paper return. If I am the paid preparer, under the penalty of perjury I declare that I have examined this 2006 New York State electronic personal income tax return, and to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Paid preparer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Form <b>1040</b> U.S. Individual Income Tax Return <b>2006</b>		(99) IRS Use Only — Do not write or staple in this space.																										
Department of the Treasury — Internal Revenue Service		OMB No. 1545-0074																										
For the year Jan 1 - Dec 31, 2006, or other tax year beginning , 2006, ending , 20		Your social security number																										
Your first name MI Last name <b>MAHA AL-ADHADH</b>		<b>613-19-0270</b>																										
If a joint return, spouse's first name MI Last name		Spouse's social security number																										
Home address (number and street). If you have a P.O. box, see instructions. Apartment no. <b>69 GOLD ST 15F</b>		You must enter your social security number(s) above. ▲																										
City, town or post office. If you have a foreign address, see instructions. State ZIP code <b>NEW YORK NY 10038</b>		Checking a box below will not change your tax or refund.																										
Presidential Election Campaign		<input checked="" type="checkbox"/> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) <input type="checkbox"/> You <input type="checkbox"/> Spouse																										
Filing Status		1 <input checked="" type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here . 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here . 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)																										
Exemptions		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input type="checkbox"/> Spouse c Dependents: <table border="1"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> Boxes checked on 6a and 6b <b>1</b> No. of children on 6c who: • lived with you ..... • did not live with you due to divorce or separation (see instrs) ..... Dependents on 6c not entered above ..... Add numbers on lines above ..... <b>1</b>		(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)																				
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)																								
Income		7 Wages, salaries, tips, etc. Attach Form(s) W-2 ..... <b>7 47,721.</b> 8a Taxable interest. Attach Schedule B if required ..... <b>8a 572.</b> b Tax-exempt interest. Do not include on line 8a ..... <b>8b</b> 9a Ordinary dividends. Attach Schedule B if required ..... <b>9a</b> b Qualified dividends (see instrs) ..... <b>9b</b> 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) ..... <b>10</b> 11 Alimony received ..... <b>11</b> 12 Business income or (loss). Attach Schedule C or C-EZ ..... <b>12</b> 13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here ..... <b>13</b> 14 Other gains or (losses). Attach Form 4797 ..... <b>14</b> 15a IRA distributions ..... <b>15a</b> b Taxable amount (see instrs) ..... <b>15b</b> 16a Pensions and annuities ..... <b>16a</b> b Taxable amount (see instrs) ..... <b>16b</b> 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E ..... <b>17</b> 18 Farm income or (loss). Attach Schedule F ..... <b>18</b> 19 Unemployment compensation ..... <b>19</b> 20a Social security benefits ..... <b>20a</b> b Taxable amount (see instrs) ..... <b>20b</b> 21 Other income ..... <b>21</b> 22 Add the amounts in the far right column for lines 7 through 21. This is your total income . <b>22 48,293.</b>																										
Adjusted Gross Income		23 Archer MSA deduction. Attach Form 8853 ..... <b>23</b> 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ ..... <b>24</b> 25 Health savings account deduction. Attach Form 8889 ..... <b>25</b> 26 Moving expenses. Attach Form 3903 ..... <b>26</b> 27 One-half of self-employment tax. Attach Schedule SE ..... <b>27</b> 28 Self-employed SEP, SIMPLE, and qualified plans ..... <b>28</b> 29 Self-employed health insurance deduction (see instructions) ..... <b>29</b> 30 Penalty on early withdrawal of savings ..... <b>30</b> 31a Alimony paid b Recipient's SSN ..... <b>31a</b> 32 IRA deduction (see instructions) ..... <b>32</b> 33 Student loan interest deduction (see instructions) ..... <b>33</b> 34 Jury duty pay you gave to your employer ..... <b>34</b> 35 Domestic production activities deduction. Attach Form 8903 ..... <b>35</b> 36 Add lines 23 - 31a and 32 - 35 ..... <b>36</b> 37 Subtract line 36 from line 22. This is your adjusted gross income ..... <b>37 48,293.</b>																										



Form 1040 (2006) MAHA AL-ADHADDH

613-19-0270 Page 2

**Tax and Credits****Standard Deduction for —**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$5,150

Married filing jointly or Qualifying widow(er), \$10,300

Head of household, \$7,550

38 Amount from line 37 (adjusted gross income) 38 48,293.

39a Check if: ☐ You were born before January 2, 1942, ☐ Blind. Total boxes checked ☐ 39a ☐ Spouse was born before January 2, 1942, ☐ Blind. ☐ 39bb If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here ☐ 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 6,602.

41 Subtract line 40 from line 38 41 41,691.

42 If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d 42 3,300.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 38,391.

44 Tax (see instrs). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972 44 6,151.

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Add lines 44 and 45 46 6,151.

47 Foreign tax credit. Attach Form 1116 if required 47

48 Credit for child and dependent care expenses. Attach Form 2441 48

49 Credit for the elderly or the disabled. Attach Schedule R 49

50 Education credits. Attach Form 8863 50

51 Retirement savings contributions credit. Attach Form 8880 51

52 Residential energy credits. Attach Form 5695 52

53 Child tax credit (see instructions). Attach Form 8901 if required 53

54 Credits from: a ☐ Form 8396 b ☐ Form 8839 c ☐ Form 8859 5455 Other credits. Check applicable box(es): a ☐ Form 3800 55b ☐ Form 8801 c ☐ Form 8801 55

56 Add lines 47 through 55. These are your total credits 56

57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- 57 6,151.

**Other Taxes**

58 Self-employment tax. Attach Schedule SE 58

59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 59

60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 60

61 Advance earned income credit payments from Form(s) W-2, box 9 61

62 Household employment taxes. Attach Schedule H 62

63 Add lines 57-62. This is your total tax 63 6,151.

**Payments**

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099 64 7,116.

65 2006 estimated tax payments and amount applied from 2005 return 65

66a Earned income credit (EIC) 66a

b Nontaxable combat pay election ☐ 66b

67 Excess social security and tier 1 RRTA tax withheld (see instructions) 67

68 Additional child tax credit. Attach Form 8812 68

69 Amount paid with request for extension to file (see instructions) 69

70 Payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885 70

71 Credit for federal telephone excise tax paid. Attach Form 8913 if required 71 30.

72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments 72 7,146.

**Refund**

Direct deposit? See instructions and fill in 74b, 74c, and 74d or Form 8888.

73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid 73 995.

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ☐ 74a 995.b Routing number XXXXXXXXXX c Type: ☐ Checking ☐ Savings

d Account number XXXXXXXXXXXXXXXXXXXX

75 Amount of line 73 you want applied to your 2007 estimated tax 75

**Amount You Owe**

76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions 76

77 Estimated tax penalty (see instructions) 77

**Third Party Designee**Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete the following. ☐ No

Designee's name Preparer Phone no. Personal identification number (PIN)

**Sign Here**

Joint return? See instructions.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Your occupation Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

**Paid Preparer's Use Only**Preparer's signature RALPH E. ROSENBAUM CPA Date 03/27/2007 Check if self-employed ☒ Preparer's SSN or PTIN P00284649

Firm's name (or yours if self-employed) 196 MAIN ST #204 EIN 22-2663919

address, and ZIP code MATAWAN NJ 07747 Phone no.

**SCHEDULE A**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Itemized Deductions**▶ Attach to Form 1040.  
▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

**2006**Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

MAHA AL-ADHADH

Your social security number

613-19-0270

<b>Medical and Dental Expenses</b>		<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38	2			
3	Multiply line 2 by 7.5% (.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
<b>Taxes You Paid</b>		5	State and local income taxes	3,793.	
6	Real estate taxes (see instructions)	6			
7	Personal property taxes	7			
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8	9		3,793.	
<b>Interest You Paid</b>		10	Home mtg interest and points reported to you on Form 1098		
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶	11			
12	Points not reported to you on Form 1098. See instrs for spl rules	12			
13	Investment interest. Attach Form 4952 if required. (See instrs.)	13			
14	Add lines 10 through 13	14			
<b>Gifts to Charity</b>		15	Gifts by cash or check. If you made any gift of \$250 or more, see instrs	500.	
16	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	16		450.	
17	Carryover from prior year	17			
18	Add lines 15 through 17	18		950.	
<b>Casualty and Theft Losses</b>		19	Casualty or theft loss(es). Attach Form 4684. (See instructions.)		
<b>Job Expenses and Certain Miscellaneous Deductions</b>		20	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶		
21	Tax preparation fees	21		225.	
22	Other expenses — investment, safe deposit box, etc. List type and amount ▶	22			
23	Add lines 20 through 22	23		2,825.	
24	Enter amount from Form 1040, line 38	24		48,293.	
25	Multiply line 24 by 2% (.02)	25		966.	
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26		1,859.	
<b>Other Miscellaneous Deductions</b>		27	Other — from list in the instructions. List type and amount ▶		
<b>Total Itemized Deductions</b>		28	Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filing separately)? <input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See instructions for the amount to enter.		6,602.
29		If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>			



Form **2106-EZ****Unreimbursed Employee Business Expenses**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

**2006**Attachment  
Sequence No. **54A**

Your name <b>MAHA AL-ADHADH</b>	Occupation in which you incurred expenses <b>PHYSICIAN</b>	Social security number <b>613-19-0270</b>
------------------------------------	---	--

**You May Use This Form Only if All of the Following Apply.**

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2006.

**Caution:** You can use the standard mileage rate for 2006 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, **or** (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

**Part I Figure Your Expenses**

1 Vehicle expense using the standard mileage rate. Complete Part II and multiply line 8a by 44.5¢ (.445) .....	1	
2 Parking fees, tolls, and transportation, including train, bus, etc, that <b>did not</b> involve overnight travel or commuting to and from work .....	2	1,000.
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....	3	
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....	4	
5 Meals and entertainment expenses: \$ _____ x 50% (.50) (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 75% (.75) instead of 50%. For details, see instructions.) .....	5	
6 <b>Total expenses.</b> Add lines 1 through 5. Enter here and on <b>Schedule A (Form 1040), line 20</b> (or on <b>Schedule A (Form 1040NR), line 9</b> ). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.) .....	6	1,000.

**Part II Information on Your Vehicle.** Complete this part **only** if you are claiming vehicle expense on line 1.

- 7 When did you place your vehicle in service for business use? (month, day, year) ..... ▶ \_\_\_\_\_
- 8 Of the total number of miles you drove your vehicle during 2006, enter the number of miles you used your vehicle for:
- a Business \_\_\_\_\_ b Commuting (see instr) \_\_\_\_\_ c Other \_\_\_\_\_
- 9 Do you (or your spouse) have another vehicle available for personal use? ..... ☐ Yes ☐ No
- 10 Was your vehicle available for personal use during off-duty hours? ..... ☐ Yes ☐ No
- 11 a Do you have evidence to support your deduction? ..... ☐ Yes ☐ No
- b If 'Yes,' is the evidence written? ..... ☐ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 2106-EZ (2006)

Name(s) Shown on Return MAHA AL-ADHADH Social Security Number 613-19-0270

**Employee Business Expenses – Subject to 2% Limitation**

1	Unreimbursed employee expenses from Form 2106.....	1	1,000.
2	Excluded expenses from Form 2555.....	2	
3a	Qualified Educator Expenses .....	3a	
b	Above the line Educator Expenses: (from Form 1040, line 23A) .....	3b	
c	Excess Educator Expenses (line 3a less line 3b) .....	3c	
4	Union and professional dues .....	4	
5	Professional subscriptions .....	5	
6	Uniforms and protective clothing .....	6	250.
7	Job search costs .....	7	
8	Other:		
	MEDICAL BOOKS/SUPPLIES .....	8	500.
	BUSINESS TELEPHONE .....		650.
	LAUNDRY .....		200.
9	Total unreimbursed employee business expenses (combine lines 1 - 8) ....	9	2,600.

**Miscellaneous Expenses – Subject to 2% Limitation**

Investment Expense ↓

10	Depreciation and amortization deductions .....	10	
11	Casualty/theft losses of property used in services as an employee .....	11	
12	REMIC expenses, from Schedule E .....	12	
13	Investment expenses related to interest and dividend income .....	13	
14	Deductions related to portfolio income, miscellaneous deductions, and excess deductions on termination, from Schedule(s) K-1 .....	14	
15	Miscellaneous deductions excluded on Form 2555 .....	15	
16	Investment counsel and advisory fees .....	16	
17	Certain attorney and accounting fees .....	17	
18	Safe deposit box rental fees .....	18	
19	IRA custodial fees .....	19	
20	Loss incurred from total distribution of all traditional IRAs .....	20	
21	Loss incurred from total distribution of all Roth IRAs .....	21	
22	Other:		
	.....	22	
	.....		
	.....		
23	Total miscellaneous expenses (combine lines 10 through 22) .....	23	

**Other Miscellaneous Deductions – Not Subject to 2% Limitation**

24	Deductions related to portfolio income, from Schedule(s) K-1 .....	24	
25	Federal estate tax paid on decedent's income reported on this return .....	25	
26	Miscellaneous deductions excluded on Form 2555 .....	26	
27	Impairment-related expenses of a handicapped employee, from Form 2106..	27	
28	Amortizable bond premiums on bonds acquired before 10/23/86.....	28	
29	Gambling losses (to the extent of gambling income) .....	29	
30	Casualty/theft losses of income-producing property .....	30	
31	Other miscellaneous deductions:		
	.....	31	
	.....		
	.....		
32	Total other miscellaneous deductions (combine lines 24 through 31) .....	32	

2006

New York State Department of Taxation and Finance

IT-2

**Summary of Federal Form W-2 Statements**

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page. See instructions.

Do not attach your federal Form(s) W-2. Keep them for your records.

Taxpayer's first name and middle initial

MAHA

Taxpayer's last name

AL-ADHADH

▼ Your social security number

613-19-0270

Spouse's first name and middle initial

Spouse's last name

▼ Spouse's social security number

**W-2  
Record 1****Box c** Employer's name and full address (including ZIP code)NYU DOWNTOWN HOSP  
59 MAIDEN LANE

NEW YORK

NY 10038

**Box b** Employer identification number (EIN)

13-3049852

**Box 12a** Amount

▼ Code

**Box 15** State

NY

**Box 16** State wages, tips, etc (for NYS)

47,721.

This W-2 record is for

(mark an X in one box):

Taxpayer ☒ Spouse**Box 12b** Amount

▼ Code

**Box 17** New York State income tax withheld

2,326.

**Box 1** Wages, tips, other compensation

47,721.

**Box 12c** Amount

▼ Code

**Box 18** Local wages, tips, etc

47,721.

**Box 8** Allocated tips

Locality a

Locality b

**Box 19** Local income tax withheld

1,388.

**Box 9** Advance EIC payment**Box 13** Statutory employee**Box 14a** Amount

▼ Description

**Box 20** Locality name

Locality a NYC

Locality b

**Box 10** Dependent care benefits**Box 14b** Amount

▼ Description

**Box 11** Nonqualified plans**Box 14c** Amount

▼ Description

Corrected (W-2c)

Do not detach.

**W-2  
Record 2****Box c** Employer's name and full address (including ZIP code)**Box 12a** Amount

▼ Code

**Box 15** State**Box 16** State wages, tips, etc (for NYS)**Box b** Employer identification number (EIN)**Box 12b** Amount

▼ Code

**Box 17** New York State income tax withheld

This W-2 record is for

(mark an X in one box):

Taxpayer Spouse

**Box 12c** Amount

▼ Code

**Box 18** Local wages, tips, etc**Box 1** Wages, tips, other compensation**Box 12d** Amount

▼ Code

Locality a

Locality b

**Box 19** Local income tax withheld**Box 8** Allocated tips

Locality a

Locality b

**Box 13** Statutory employee**Box 14a** Amount

▼ Description

**Box 20** Locality name

Locality a

Locality b

**Box 10** Dependent care benefits**Box 14b** Amount

▼ Description

**Box 11** Nonqualified plans**Box 14c** Amount

▼ Description

Corrected (W-2c)



Please file this original scannable form with the Tax Department.

If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of this page. It will appear as a rectangular-shaped object with very small boxes and white spaces. This barcode will be used to efficiently process your entries on this form.

1021061030



1	Wages, tips, other comp.	47721.35	2	Federal income tax withheld	7116.41
3	Social security wages	47721.35	4	Social security tax withheld	2958.72
5	Medicare wages and tips	47721.35	6	Medicare tax withheld	691.96
a	Control number	Dept.	Corp.	Employer use only	
005919	73/PSV	086330		A	1114
c	Employer's name, address, and ZIP code NEW YORK DOWNTOWN HOSPITAL 170 WILLIAM STREET NEW YORK NY 10038				
b	Employer's FED ID number	d	Employer's SSA number		
13-3049852		613-19-0270			
7	Social security tips	8	Allocated tips		
9	Advance EIC payment	10	Dependent care benefits		
11	Nonqualified plans	12a	See instructions for box 12		
14	Other	12b			
		12c			
		12d			
e/f	Employee's name, address and ZIP code MAHA AL-ADHADH MD 69 GOLD STREET 15F NEW YORK NY 10038				
15	State	Employer's state ID no.	16	State wages, tips, etc.	
NY	13-3049852		47721.35		
17	State income tax	18	Local wages, tips, etc.		
2325.64		47721.35			
19	Local income tax	20	Locality name		
1387.88		NYC RES			
Federal Filing Copy					
W-2 Wage and Tax 2006					
Copy B to be filed with employee's Federal Income Tax Return.					

1	Wages, tips, other comp.	47721.35	2	Federal income tax withheld	7116.41
3	Social security wages	47721.35	4	Social security tax withheld	2958.72
5	Medicare wages and tips	47721.35	6	Medicare tax withheld	691.96
a	Control number	Dept.	Corp.	Employer use only	
005919	73/PSV	086330		A	1114
c	Employer's name, address, and ZIP code NEW YORK DOWNTOWN HOSPITAL 170 WILLIAM STREET NEW YORK NY 10038				
b	Employer's FED ID number	d	Employer's SSA number		
13-3049852		613-19-0270			
7	Social security tips	8	Allocated tips		
9	Advance EIC payment	10	Dependent care benefits		
11	Nonqualified plans	12a			
14	Other	12b			
		12c			
		12d			
e/f	Employee's name, address and ZIP code MAHA AL-ADHADH MD 69 GOLD STREET 15F NEW YORK NY 10038				
15	State	Employer's state ID no.	16	State wages, tips, etc.	
NY	13-3049852		47721.35		
17	State income tax	18	Local wages, tips, etc.		
2325.64		47721.35			
19	Local income tax	20	Locality name		
1387.88		NYC RES			
NY State Filing Copy					
W-2 Wage and Tax 2006					
Copy 2 to be filed with employee's State Income Tax Return.					

Form **8879**Department of the Treasury  
Internal Revenue Service**IRS e-file Signature Authorization**

- ▶ Do not send to the IRS. This is not a tax return.  
▶ Keep this form for your records. See instructions.

OMB No. 1545-0074

**2005**

Declaration Control Number (DCN)

00-221672-00198-6

Taxpayer's name

MAHA AL-ADHADH

Spouse's name

Social security number

613-19-0270

Spouse's social security number

**Part I Tax Return Information – Tax Year Ending December 31, 2005 (Whole Dollars Only)**

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	45,889.
2	Total tax (Form 1040, line 63; Form 1040A, line 38; Form 1040EZ, line 10)	2	5,621.
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 39; Form 1040EZ, line 7)	3	5,770.
4	Refund (Form 1040, line 73a; Form 1040A, line 45a; Form 1040EZ, line 11a)	4	149.
5	Amount you owe (Form 1040, line 75; Form 1040A, line 47; Form 1040EZ, line 12)	5	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2005, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

☒ I authorize RALPH E. ROSENBAUM CPA to enter my PIN 90270 as my signature  
ERO firm name do not enter all zeros

on my tax year 2005 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2005 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

**Spouse's PIN: check one box only**

☐ I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature  
ERO firm name do not enter all zeros

on my tax year 2005 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2005 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature

Date

**Practitioner PIN Method Returns Only – continue below****Part III Certification and Authentication – Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN ..... 22167266666  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2005 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature

Date 03/28/06

**ERO Must Retain This Form – See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **9325**  
(Rev November 2005)

Department of the Treasury — Internal Revenue Service

**Acknowledgement and General Information for  
Taxpayers Who File Returns Electronically**

613-19-0270

Thank you for taking part in the IRS e-file Program. MAHA AL-ADHADH

(Taxpayer Name)

69 GOLD ST APT 15F

(Taxpayer Address optional)

NEW YORK NY 10038

- 1 ☒ Your federal income tax return/extension for 2005 was filed electronically with the Andover  
Submission Processing Center of the IRS by the services of RALPH E. ROSENBAUM CPA.
- 2 ☒ Your return was accepted by the IRS on 03/28/2006 and the Declaration Control Number (DCN) assigned to your return is  
00-221672-00198-6
- a ☒ Your return was accepted using a PIN (You entered a PIN or authorized the Electronic Return Originator to enter a PIN for you.)
- b ☐ Your return was accepted electronically without a PIN. A Form 8453 signature document is required. Please contact your Electronic Return Originator if you have not already completed a Form 8453, U.S. Individual Income Tax Declaration for an IRS e-file Return.
- 3 ☐ Your return was 'conditionally' accepted by the IRS on \_\_\_\_\_. The Earned Income Credit or a Dependent's Exemption on your return may be reduced or disallowed due to a Child's Name and Social Security Number mismatch.
- 4 ☐ Debt Indicator Code — Part or all of your refund may be offset to a debt owed to the Internal Revenue Service, the Office of Child Support Enforcement, or other government agency.
- 5 ☐ Your electronic funds withdrawal payment was accepted.
- 6 ☐ Your electronic funds withdrawal payment was NOT accepted. You must pay the balance due by April 17, 2006.
- 7 ☐ Your Form 4868 extension was accepted by the IRS on \_\_\_\_\_  
and the Declaration Control Number (DCN) assigned to your extension is \_\_\_\_\_.

PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

**If You Need to Make a Change to Your Return**

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS submission processing center that processes paper returns for your area. The address is available at [www.irs.gov](http://www.irs.gov), or you can call the IRS toll-free at 1-800-829-1040.

**If You Need to Ask About Your Refund**

The IRS will notify your Electronic Return Originator (ERO) when they accept your return, usually within 48 hours. If your return wasn't accepted, the IRS will notify your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to [www.irs.gov](http://www.irs.gov) and click on 'Where's My Refund' then on 'Go Get My Refund Status.' Exception: If box 3 above is checked, please allow 4 to 6 weeks for processing of conditionally accepted returns. Also, you can call the IRS toll-free Tele-Tax return information number, 1-800-829-4477, to check the status of your refund. **You will need to know the first social security number shown on your return, your filing status, and the exact amount of the refund you expect.** Tele-Tax should give you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by Tele-Tax, or within one week of that date if you chose direct deposit. If you don't receive it by then, or if Tele-Tax does not give your refund information, call the IRS office at 1-800-829-1954.

### If You Owe Tax

If your e-filed return has a balance due, you must pay the amount you owe by April 17th. If you paid by electronic funds withdrawal (direct debit) or by credit card while e-filing your return, no voucher is needed. To use your credit card to pay by phone or Internet, you may call, toll free, 1-800-2PAY-TAX(sm) (1-800-272-9829), or 1-888-PAY-1040(sm) (1-888-729-1040), or visit [www.officialpayments.com](http://www.officialpayments.com) or [www.PAY1040.com](http://www.PAY1040.com). You may use a VISA® card, American Express® Card, Discover Card® or MasterCard® card. The service providers, based on the amount you are paying, will charge a convenience fee. The fees may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction.

If you are not paying electronically, you may use the payment voucher, Form 1040-V, you will receive in the mail or you can obtain a payment voucher from your electronic filer. If the IRS doesn't receive your payment by April 17th, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can't pay the amount in full, please complete Form 9465, Installment Agreement Request. You may electronically file Form 9465. To obtain a paper Form 9465, you may call 1-800-829-3676 or visit [www.irs.gov](http://www.irs.gov). Mail the paper form to the address in the form's instructions.

### If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You can call 1-888-353-4537, toll-free, to inquire about the status of an electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You will need the social security number of the first person listed on the tax return, the payment amount and the bank account number. Cancellation requests must be received no later than 8:00 p.m. Eastern Time, two business days prior to the scheduled payment date.

### Refund Anticipation Loans

A refund anticipation loan is a loan made to you based on the refund you expect to receive. This loan is a contract between you and a lender. The IRS is not involved in this contract, can't grant or deny the loan, and can't answer any questions about it. **If you have any questions about a refund anticipation loan, contact your electronic filer or the lender.**

You have requested a refund check mailed to your home address.  
 You should expect your refund check to be mailed by 04/14/2006\*\*.  
 Please see line 4 above - "Debt Indicator Code" - for further refund information.

\*\*The IRS does not guarantee a specific date that a refund will be mailed to a taxpayer's home address.



Department of the Treasury — Internal Revenue Service <b>Form 1040 U.S. Individual Income Tax Return 2005</b>		(99) IRS Use Only — Do not write or staple in this space.																										
<b>Label</b> (See instructions.)  <b>Use the IRS label.</b> Otherwise, please print or type.  <b>Presidential Election Campaign</b>	For the year Jan 1 - Dec 31, 2005, or other tax year beginning , 2005, ending , 20		OMB No. 1545-0074																									
	Your first name MI Last name <b>MAHA AL-ADHADH</b>		Your social security number <b>613-19-0270</b>																									
	If a joint return, spouse's first name MI Last name		Spouse's social security number																									
	Home address (number and street). If you have a P.O. box, see instructions. Apartment no. <b>69 GOLD ST 15F</b>		You must enter your social security number(s) above. ▲																									
City, town or post office. If you have a foreign address, see instructions. State ZIP code <b>NEW YORK NY 10038</b>																												
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) <input type="checkbox"/> You <input type="checkbox"/> Spouse																												
<b>Filing Status</b>																												
1 <input checked="" type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)																												
<b>Exemptions</b>																												
6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input type="checkbox"/> Spouse																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">(1) First name Last name</th> <th style="text-align: center;">(2) Dependent's social security number</th> <th style="text-align: center;">(3) Dependent's relationship to you</th> <th style="text-align: center;">(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)</th> </tr> </thead> <tbody> <tr><td colspan="2"> </td><td> </td><td> </td><td> </td></tr> <tr><td colspan="2"> </td><td> </td><td> </td><td> </td></tr> <tr><td colspan="2"> </td><td> </td><td> </td><td> </td></tr> <tr><td colspan="2"> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				(1) First name Last name		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)																				
(1) First name Last name		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)																								
Boxes checked on 6a and 6b: 1 No. of children on 6c who: • lived with you ..... • did not live with you due to divorce or separation (see instrs) ..... Dependents on 6c not entered above ..... Add numbers on lines above ..... 1																												
d Total number of exemptions claimed ..... 1																												
<b>Income</b>																												
7 Wages, salaries, tips, etc. Attach Form(s) W-2 ..... 7 45,221.																												
8a Taxable interest. Attach Schedule B if required ..... 8a																												
b Tax-exempt interest. Do not include on line 8a ..... 8b																												
9a Ordinary dividends. Attach Schedule B if required ..... 9a																												
b Qualified divs (see instrs) ..... 9b																												
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) ..... 10 668.																												
11 Alimony received ..... 11																												
12 Business income or (loss). Attach Schedule C or C-EZ ..... 12																												
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here <input type="checkbox"/> ..... 13																												
14 Other gains or (losses). Attach Form 4797 ..... 14																												
15a IRA distributions ..... 15a b Taxable amount (see instrs) ..... 15b																												
16a Pensions and annuities ..... 16a b Taxable amount (see instrs) ..... 16b																												
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E ..... 17																												
18 Farm income or (loss). Attach Schedule F ..... 18																												
19 Unemployment compensation ..... 19																												
20a Social security benefits ..... 20a b Taxable amount (see instrs) ..... 20b																												
21 Other income ..... 21																												
22 Add the amounts in the far right column for lines 7 through 21. This is your total income. 22 45,889.																												
<b>Adjusted Gross Income</b>																												
23 Educator expenses (see instructions) ..... 23																												
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ ..... 24																												
25 Health savings account deduction. Attach Form 8889 ..... 25																												
26 Moving expenses. Attach Form 3903 ..... 26																												
27 One-half of self-employment tax. Attach Schedule SE ..... 27																												
28 Self-employed SEP, SIMPLE, and qualified plans ..... 28																												
29 Self-employed health insurance deduction (see instructions) ..... 29																												
30 Penalty on early withdrawal of savings ..... 30																												
31a Alimony paid b Recipient's SSN ..... 31a																												
32 IRA deduction (see instructions) ..... 32																												
33 Student loan interest deduction (see instructions) ..... 33																												
34 Tuition and fees deduction (see instructions) ..... 34																												
35 Domestic production activities deduction. Attach Form 8903 ..... 35																												
36 Add lines 23 - 31a and 32 - 35 ..... 36																												
37 Subtract line 36 from line 22. This is your adjusted gross income ..... 37 45,889.																												



Form 1040 (2005) MAHA AL-ADHADH

613-19-0270 Page 2

**Tax and Credits****Standard Deduction for —**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$5,000

Married filing jointly or Qualifying widow(er), \$10,000

Head of household, \$7,300

38	Amount from line 37 (adjusted gross income)	38	45,889.
39a	Check if: <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	b If your spouse itemizes on a separate return, or you were a dual-status alien, see instructions and check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,875.
41	Subtract line 40 from line 38	41	39,014.
42	If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d	42	3,200.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	35,814.
44	Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	5,621.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	5,621.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit (see instructions). Attach Form 8901 if required	52	
53	Adoption credit. Attach Form 8839	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	54	
55	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	5,621.
58	Self-employment tax. Attach Schedule SE	58	
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57-62. This is your total tax	63	5,621.
64	Federal income tax withheld from Forms W-2 and 1099	64	5,770.
65	2005 estimated tax payments and amount applied from 2004 return	65	
66a	Earned income credit (EIC)	66a	
	b Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Excess social security and tier 1 RRTA tax withheld (see instructions)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see instructions)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Add lines 64, 65, 66a, and 67 through 70. These are your total payments	71	5,770.
72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72	149.
73a	Amount of line 72 you want refunded to you	73a	149.
	b Routing number XXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number XXXXXXXXXXXXXXXXXXXX		
74	Amount of line 72 you want applied to your 2006 estimated tax	74	
75	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see instructions	75	
76	Estimated tax penalty (see instructions)	76	

**Other Taxes****Payments**

If you have a qualifying child, attach Schedule EIC.

**Refund**

Direct deposit? See instructions and fill in 73b, 73c, and 73d.

**Amount You Owe****Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete the following. ☐ No

Designee's name **Preparer**

Phone no.

Personal identification number (PIN)

**Sign Here**

Joint return? See instructions.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

Daytime phone number

PHYSICIAN

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

Preparer's signature

Date

03/28/2006

Check if self-employed ☒

Preparer's SSN or PTIN

P00284649

**Paid Preparer's Use Only**

Firm's name (or yours if self-employed) **RALPH E. ROSENBAUM CPA**

address, and ZIP code **196 MAIN ST #204**

**MATAWAN**

**NJ 07747**

EIN **22-2663919**

Phone no. **(732) 441-1818**

Form 1040 (2005)

**SCHEDULE A**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Itemized Deductions**▶ Attach to Form 1040.  
▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

**2005**Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

MAHA AL-ADHADH

613-19-0270

<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1		
2	Enter amount from Form 1040, line 38	2		
3	Multiply line 2 by 7.5% (.075)	3		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4
<b>Taxes You Paid</b> (See instructions.)	<b>5 State and local (check only one box):</b>	5	3,373.	
	a <input checked="" type="checkbox"/> Income taxes, or			
	b <input type="checkbox"/> General sales taxes (see instructions)	6		
	6 Real estate taxes (see instructions)	7		
	7 Personal property taxes	8		
	8 Other taxes. List type and amount ▶			
	9 Add lines 5 through 8			9 3,373.
<b>Interest You Paid</b> (See instructions.)	10 Home mtg interest and points reported to you on Form 1098	10		
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶			
	12 Points not reported to you on Form 1098. See instrs for spl rules	12		
<b>Note.</b> Personal interest is not deductible.	13 Investment interest. Attach Form 4952 if required. (See instrs.)	13		
	14 Add lines 10 through 13			14
<b>Gifts to Charity</b> If you made a gift and got a benefit for it, see instructions.	15a Total gifts by cash or check. If you made any gift of \$250 or more, see instrs	15a	600.	
	b Gifts by cash or check after August 27, 2005, that you elect to treat as qualified contributions (see instructions)	15b		
	16 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	16	495.	
	17 Carryover from prior year	17		
	18 Add lines 15a, 16, & 17			18 1,095.
<b>Casualty and Theft Losses</b>	19 Casualty or theft loss(es). Attach Form 4684. (See instructions.)			19
<b>Job Expenses and Certain Miscellaneous Deductions</b> (See instructions.)	20 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶			
	See Statement 3,125.	20	3,125.	
	21 Tax preparation fees	21	200.	
	22 Other expenses — investment, safe deposit box, etc. List type and amount ▶	22		
	23 Add lines 20 through 22	23	3,325.	
	24 Enter amount from Form 1040, line 38	24	45,889.	
	25 Multiply line 24 by 2% (.02)	25	918.	
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-			26 2,407.
<b>Other Miscellaneous Deductions</b>	27 Other — from list in the instructions. List type and amount ▶			27
<b>Total Itemized Deductions</b>	28 Is Form 1040, line 38, over \$145,950 (over \$72,975 if MFS)?			
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40.			28 6,875.
	<input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.			
	29 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶			

Form **2106-EZ****Unreimbursed Employee Business Expenses**

OMB No. 1545-0074

**2005**Attachment  
Sequence No. **54A**Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040.

Your name <b>MAHA AL-ADHADH</b>	Occupation in which you incurred expenses <b>PHYSICIAN</b>	Social security number <b>613-19-0270</b>
------------------------------------	---	--

**You May Use This Form Only if All of the Following Apply.**

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2005.

**Caution:** You can use the standard mileage rate for 2005 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, **or** (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

**Part I Figure Your Expenses**

1 Vehicle expense using the standard mileage rate. Complete Part II and then go to line 1a below.		
a Multiply business miles driven <b>before</b> September 1, 2005, by 40.5 ¢ (.405) .....	<b>1a</b>	
b Multiply business miles driven <b>after</b> August 31, 2005, by 48.5 ¢ (.485) .....	<b>1b</b>	
c Add lines 1a and 1b .....	<b>1c</b>	
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel or commuting to and from work .....	<b>2</b>	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....	<b>3</b>	
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....	<b>4</b>	
5 Meals and entertainment expenses: \$ <u>900.</u> x 50% (.50) (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 70% (.70) instead of 50%. For details, see instructions.) .....	<b>5</b>	450.
6 <b>Total expenses.</b> Add lines 1c through 5. Enter here and on <b>Schedule A (Form 1040), line 20.</b> (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.) .....	<b>6</b>	450.

**Part II Information on Your Vehicle.** Complete this part **only** if you are claiming vehicle expense on line 1.

7 When did you place your vehicle in service for business use? (month, day, year) ..... ▶

8 Of the total number of miles you drove your vehicle during 2005, enter the number of miles you used your vehicle for:

a Business ..... b Commuting (see instr) ..... c Other .....

9 Do you (or your spouse) have another vehicle available for personal use? ..... ☐ Yes ☐ No

10 Was your vehicle available for personal use during off-duty hours? ..... ☐ Yes ☐ No

11 a Do you have evidence to support your deduction? ..... ☐ Yes ☐ No

b If 'Yes,' is the evidence written? ..... ☐ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 2106-EZ (2005)

Schedule A  
Lines 20, 22, 27**Miscellaneous Itemized Deductions Statement**

2005

▶ Attach to return (after all IRS forms)

Statement

Name(s) Shown on Return  
MAHA AL-ADHADHSocial Security Number  
613-19-0270**Employee Business Expenses – Subject to 2% Limitation**

1	Unreimbursed employee expenses from Form 2106 .....	1	450.
2	Excluded expenses from Form 2555 .....	2	
3	Excess educator expenses from the Educator Expenses Worksheet .....	3	
4	Union and professional dues .....	4	
5	Professional subscriptions .....	5	
6	Uniforms and protective clothing .....	6	350.
7	Job search costs .....	7	
8	Other:		
	MEDICAL BOOKS/SUPPLIES .....	8	650.
	EXAMINATIONS .....		800.
	BUSINESS TELEPHONE .....		750.
	LAUNDRY .....		125.
9	Total unreimbursed employee business expenses (combine lines 1 - 8) ....	9	3,125.

**Miscellaneous Expenses – Subject to 2% Limitation**Investment  
Expense ↓

10	Depreciation and amortization deductions .....	<input type="checkbox"/>	10	
11	Casualty/theft losses of property used in services as an employee .....	<input type="checkbox"/>	11	
12	REMIC expenses, from Schedule E .....	<input type="checkbox"/>	12	
13	Investment expenses related to interest and dividend income .....	<input type="checkbox"/>	13	
14	Deductions related to portfolio income, miscellaneous deductions, and excess deductions on termination, from Schedule(s) K-1 .....	<input type="checkbox"/>	14	
15	Miscellaneous deductions excluded on Form 2555 .....	<input type="checkbox"/>	15	
16	Investment counsel and advisory fees .....	<input type="checkbox"/>	16	
17	Certain attorney and accounting fees .....	<input type="checkbox"/>	17	
18	Safe deposit box rental fees .....	<input type="checkbox"/>	18	
19	IRA custodial fees .....	<input type="checkbox"/>	19	
20	Loss incurred from total distribution of all traditional IRAs .....	<input type="checkbox"/>	20	
21	Loss incurred from total distribution of all Roth IRAs .....	<input type="checkbox"/>	21	
22	Other:	<input type="checkbox"/>	22	
	.....	<input type="checkbox"/>		
	.....	<input type="checkbox"/>		
	.....	<input type="checkbox"/>		
23	Total miscellaneous expenses (combine lines 10 through 22) .....		23	

**Other Miscellaneous Deductions – Not Subject to 2% Limitation**

24	Deductions related to portfolio income, from Schedule(s) K-1 .....	<input type="checkbox"/>	24	
25	Federal estate tax paid on decedent's income reported on this return .....		25	
26	Miscellaneous deductions excluded on Form 2555 .....		26	
27	Impairment-related expenses of a handicapped employee, from Form 2106 ..		27	
28	Amortizable bond premiums on bonds acquired before 10/23/86 .....		28	
29	Gambling losses (to the extent of gambling income) .....		29	
30	Casualty/theft losses of income-producing property .....		30	
31	Other miscellaneous deductions:		31	
	.....			
	.....			
	.....			
32	Total other miscellaneous deductions (combine lines 24 through 31) .....		32	



## New York State E-file Signature Authorization for Tax Year 2005

Electronic return originators (EROs) should not mail this form to the Tax Department.

Taxpayer name: MAHA AL-ADHADH

Spouse name: \_\_\_\_\_

(jointly filed return only)

### Purpose

Form TR-579 must be completed to authorize EROs to enter the taxpayer personal identification number (PIN) as the electronic signature for electronic personal income tax returns or electronic funds withdrawals, or both.

### General Instructions

Taxpayers must complete Part A.1 or Part A.2 under the following circumstances:

1. Complete Part A.1 prior to transmitting the taxpayers' electronically filed Forms IT-150, *Resident Income Tax Return (short form)*; IT-201, *Resident Income Tax Return (long form)*; and IT-203, *Nonresident and Part-Year Resident Income Tax Return*.
2. Complete Part A.2 prior to transmitting electronically file Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*, when the payments are made by electronic funds transfers. Complete a separate Form TR-570 for subsequently filed Forms IT-150, IT-201, and IT-203.

**Important:** You do not have to complete Form TR-579 for Form IT-370 extension requests if payments are not required, payments are made with paper checks, or you are using the department's Internet extension application.

EROs must complete Part B prior to transmitting electronically filed income tax returns (Forms IT-150, IT-201, and IT-203).

For returns filed jointly, both spouses must complete and sign Form TR-579 and enter their five-digit PIN.

Do not mail Form TR-579 to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

### Part A.1 -- Declaration of taxpayer and authorizations for Forms IT-150, IT-201, and IT-203

Under penalty of perjury, I declare that I have examined the information on my 2005 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, my electronic return is true, correct, and complete. My ERO has my consent to send my 2005 New York State electronic return to New York State through the Internal Revenue Service. I authorize the ERO to enter my PIN as my signature on my 2005 New York State electronic return, or I will enter my PIN as my signature on my 2005 New York State electronic return. If I am paying my New York State personal income taxes owed by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2005 electronic return, and I authorize my financial institution to debit the entry to my account.

Enter the five-digit PIN used as the signature on the electronic return:

90270

(taxpayer)

(spouse)

Taxpayer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse's signature: \_\_\_\_\_  
(joint filed return only)

Date: \_\_\_\_\_

### Part A.2 -- Taxpayer authorization for electronic funds withdrawal for Form IT-370

I authorize my ERO to transmit the information necessary for the New York State Tax Department to initiate an electronic funds withdrawal from the designated bank account for payment of my taxes indicated on my 2005 electronic extension request. I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2005 electronic extension request, and I authorize my financial institution to debit the entry to the account.

Enter the five-digit PIN transmitted with your electronic funds withdrawal request:

(taxpayer)

(spouse)

Taxpayer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse's signature: \_\_\_\_\_  
(joint filed return only)

Date: \_\_\_\_\_

### Part B -- Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2005 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2005 New York State personal income tax return signed by a paid preparer, I declare that the information contained in the taxpayer's 2005 New York State electronic personal return is identical to that contained in the paper return. If I am the paid preparer, under the penalty of perjury I declare that I have examined this 2005 New York State electronic personal income tax return, and to the best of my knowledge and belief, it is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Paid preparer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

TR-579 (11/05)

2005

New York State Department of Taxation and Finance

# Summary of Federal Form W-2 Statements

New York State • New York City • Yonkers

IT-2

Taxpayer's first name and middle initial

MAHA

Taxpayer's last name

AL-ADHADH

▼ Your social security number

613-19-0270

Spouse's first name and middle initial

Spouse's last name

▼ Spouse's social security number

**W-2****Record 1****Box c** Employer's name and full address (including ZIP code)

NYU DOWNTOWN HOSP

59 MAIDEN LANE

NEW YORK

NY 10038

**Box b** Employer identification number (EIN)

13-3049852

**Box 12a** Amount

Code

**Box 15** State

NY

**Box 16** State wages, tips, etc (for NYS)

45,221.

This W-2 is for (mark an X in one box):

Taxpayer ☒ Spouse**Box 12b** Amount

Code

**Box 17** New York State income tax withheld

2,083.

**Box 12c** Amount

Code

**Box 18** Local wages, tips, etc

45,221.

**Box 1** Wages, tips, other compensation

45,221.

**Box 12d** Amount

Code

Locality a)

Locality b)

**Box 19** Local income tax withheld

1,290.

**Box 8** Allocated tips**Box 13** Statutory employee . . . . .

Locality a)

Locality b)

**Box 9** Advance EIC payment**Box 14a** Amount

Code

**Box 20** Locality name

Locality a) NYC

**Box 10** Dependent care benefits**Box 14b** Amount

Code

Locality b)

**Box 11** Nonqualified plans**Box 14c** Amount

Code

Corrected (W-2C)

**W-2****Record 2****Box c** Employer's name and full address (including ZIP code)**Box 12a** Amount

Code

**Box 15** State**Box 16** State wages, tips, etc (for NYS)**Box b** Employer identification number (EIN)**Box 12b** Amount

Code

**Box 17** New York State income tax withheld

This W-2 is for (mark an X in one box):

Taxpayer ☐ Spouse**Box 12c** Amount

Code

**Box 18** Local wages, tips, etc

Locality a)

Locality b)

**Box 1** Wages, tips, other compensation**Box 12d** Amount

Code

**Box 19** Local income tax withheld**Box 8** Allocated tips**Box 13** Statutory employee . . . . .

Locality a)

Locality b)

**Box 9** Advance EIC payment**Box 14a** Amount

Code

**Box 20** Locality name

Locality a)

Locality b)

**Box 10** Dependent care benefits**Box 14b** Amount

Code

**Box 11** Nonqualified plans**Box 14c** Amount

Code

Corrected (W-2C)



Please file this original scannable form with the Tax Department. If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of this page. It will appear as a rectangular-shaped object with very small boxes and white spaces. This barcode will be used to efficiently process your entries on this form.



1	Wages, tips, other comp.	45221.10	2	Federal income tax withheld	5769.64		
3	Social security wages	45221.10	4	Social security tax withheld	2803.71		
5	Medicare wages and tips	45221.10	6	Medicare tax withheld	655.71		
a	Control number	005919 73/PSV	Dept	006330			
	Corp.		Employer use only	A	233		
c	Employer's name, address, and ZIP code NEW YORK DOWNTOWN HOSPITAL 59 MAIDEN LANE NEW YORK NY 10038						
b	Employer's FED ID number	13-3049852	d	Employee's SSA number	513-19-0270		
7	Social security tips		8	Allocated tips			
9	Advance EIC payment		10	Dependent care benefits			
11	Nonqualified plans	12a					
14	Other	12b					
		12c					
		12d					
e/f	Employee's name, address and ZIP code MAHA AL-ADHADH MD 69 GOLD STREET 15F NEW YORK NY 10038						
15	State	NY	Employer's state ID no.	13-3049852	16	State wages, tips, etc.	45221.10
17	State income tax	2083.10	18	Local wages, tips, etc.			
19	Local income tax	1290.40	20	Locality name	NYC RES		
<b>W-2</b> NY State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return Form No. 1545-0008							

FOLD AND DETACH HERE



Form <b>1040</b>		Department of the Treasury — Internal Revenue Service		(99) IRS Use Only — Do not write or staple in this space.																																																							
U.S. Individual Income Tax Return		<b>2004</b>																																																									
<b>Label</b> (See instructions.)  <b>Use the IRS label.</b> Otherwise, please print or type.  <b>Presidential Election Campaign</b> (See instructions.)		For the year Jan 1 - Dec 31, 2004, or other tax year beginning _____, 2004, ending _____, 20 Your first name <b>MAHA</b> MI _____ Last name <b>AL-ADHADH</b> If a joint return, spouse's first name _____ MI _____ Last name _____ Home address (number and street). If you have a P.O. box, see instructions. <b>69 GOLD ST</b> Apartment no. <b>15F</b> City, town or post office. If you have a foreign address, see instructions. <b>NEW YORK</b> State <b>NY</b> ZIP code <b>10038</b>		OMB No. 1545-0074 Your social security number <b>613-19-0270</b> Spouse's social security number _____ <b>▲ Important! ▲</b> You must enter your social security number(s) above.																																																							
<b>Filing Status</b> Check only one box.		<b>Note:</b> Checking 'Yes' will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ..... <b>You</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Spouse</b> <input type="checkbox"/> Yes <input type="checkbox"/> No 1 <input checked="" type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here ..... 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ..... 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)																																																									
<b>Exemptions</b> If more than four dependents, see instructions.		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. .... b <input type="checkbox"/> Spouse ..... <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">c Dependents:</th> <th style="text-align: center;">(2) Dependent's social security number</th> <th style="text-align: center;">(3) Dependent's relationship to you</th> <th style="text-align: center;">(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)</th> </tr> <tr> <th style="text-align: left;">(1) First name</th> <th style="text-align: left;">Last name</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> No. of children on 6c who: • lived with you ..... • did not live with you due to divorce or separation (see instrs) ..... Dependents on 6c not entered above ..... Add numbers on lines above ..... <b>1</b> d Total number of exemptions claimed ..... <b>1</b>				c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)	(1) First name	Last name																																															
c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)																																																							
(1) First name	Last name																																																										
<b>Income</b> Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">7 Wages, salaries, tips, etc. Attach Form(s) W-2 .....</td> <td style="width: 10%; text-align: center;">7</td> <td style="width: 20%; text-align: right;">21,295.</td> </tr> <tr> <td>8a Taxable interest. Attach Schedule B if required .....</td> <td style="text-align: center;">8a</td> <td></td> </tr> <tr> <td>b Tax-exempt interest. Do not include on line 8a. ....</td> <td style="text-align: center;">8b</td> <td></td> </tr> <tr> <td>9a Ordinary dividends. Attach Schedule B if required .....</td> <td style="text-align: center;">9a</td> <td></td> </tr> <tr> <td>b Qualif divs (see instrs) .....</td> <td style="text-align: center;">9b</td> <td></td> </tr> <tr><td>10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) .....</td><td style="text-align: center;">10</td><td></td></tr> <tr><td>11 Alimony received .....</td><td style="text-align: center;">11</td><td></td></tr> <tr><td>12 Business income or (loss). Attach Schedule C or C-EZ .....</td><td style="text-align: center;">12</td><td></td></tr> <tr><td>13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here. .... <input type="checkbox"/></td><td style="text-align: center;">13</td><td></td></tr> <tr><td>14 Other gains or (losses). Attach Form 4797 .....</td><td style="text-align: center;">14</td><td></td></tr> <tr> <td>15a IRA distributions ..... 15a</td> <td style="text-align: center;">b Taxable amount (see instrs) ..</td> <td style="text-align: center;">15b</td> </tr> <tr> <td>16a Pensions and annuities ..... 16a</td> <td style="text-align: center;">b Taxable amount (see instrs) ..</td> <td style="text-align: center;">16b</td> </tr> <tr><td>17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E .....</td><td style="text-align: center;">17</td><td></td></tr> <tr><td>18 Farm income or (loss). Attach Schedule F .....</td><td style="text-align: center;">18</td><td></td></tr> <tr><td>19 Unemployment compensation .....</td><td style="text-align: center;">19</td><td></td></tr> <tr> <td>20a Social security benefits ..... 20a</td> <td style="text-align: center;">b Taxable amount (see instrs) ..</td> <td style="text-align: center;">20b</td> </tr> <tr><td>21 Other income .....</td><td style="text-align: center;">21</td><td></td></tr> <tr> <td>22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶</td> <td style="text-align: center;">22</td> <td style="text-align: right;">21,295.</td> </tr> </table>				7 Wages, salaries, tips, etc. Attach Form(s) W-2 .....	7	21,295.	8a Taxable interest. Attach Schedule B if required .....	8a		b Tax-exempt interest. Do not include on line 8a. ....	8b		9a Ordinary dividends. Attach Schedule B if required .....	9a		b Qualif divs (see instrs) .....	9b		10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) .....	10		11 Alimony received .....	11		12 Business income or (loss). Attach Schedule C or C-EZ .....	12		13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here. .... <input type="checkbox"/>	13		14 Other gains or (losses). Attach Form 4797 .....	14		15a IRA distributions ..... 15a	b Taxable amount (see instrs) ..	15b	16a Pensions and annuities ..... 16a	b Taxable amount (see instrs) ..	16b	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E .....	17		18 Farm income or (loss). Attach Schedule F .....	18		19 Unemployment compensation .....	19		20a Social security benefits ..... 20a	b Taxable amount (see instrs) ..	20b	21 Other income .....	21		22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	21,295.
7 Wages, salaries, tips, etc. Attach Form(s) W-2 .....	7	21,295.																																																									
8a Taxable interest. Attach Schedule B if required .....	8a																																																										
b Tax-exempt interest. Do not include on line 8a. ....	8b																																																										
9a Ordinary dividends. Attach Schedule B if required .....	9a																																																										
b Qualif divs (see instrs) .....	9b																																																										
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) .....	10																																																										
11 Alimony received .....	11																																																										
12 Business income or (loss). Attach Schedule C or C-EZ .....	12																																																										
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here. .... <input type="checkbox"/>	13																																																										
14 Other gains or (losses). Attach Form 4797 .....	14																																																										
15a IRA distributions ..... 15a	b Taxable amount (see instrs) ..	15b																																																									
16a Pensions and annuities ..... 16a	b Taxable amount (see instrs) ..	16b																																																									
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E .....	17																																																										
18 Farm income or (loss). Attach Schedule F .....	18																																																										
19 Unemployment compensation .....	19																																																										
20a Social security benefits ..... 20a	b Taxable amount (see instrs) ..	20b																																																									
21 Other income .....	21																																																										
22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	21,295.																																																									
<b>Adjusted Gross Income</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>23 Educator expenses (see instructions) .....</td><td style="text-align: center;">23</td><td></td></tr> <tr><td>24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ .....</td><td style="text-align: center;">24</td><td></td></tr> <tr><td>25 IRA deduction (see instructions) .....</td><td style="text-align: center;">25</td><td></td></tr> <tr><td>26 Student loan interest deduction (see instructions) .....</td><td style="text-align: center;">26</td><td></td></tr> <tr><td>27 Tuition and fees deduction (see instructions) .....</td><td style="text-align: center;">27</td><td></td></tr> <tr><td>28 Health savings account deduction. Attach Form 8889 .....</td><td style="text-align: center;">28</td><td></td></tr> <tr><td>29 Moving expenses. Attach Form 3903 .....</td><td style="text-align: center;">29</td><td style="text-align: right;">800.</td></tr> <tr><td>30 One-half of self-employment tax. Attach Schedule SE .....</td><td style="text-align: center;">30</td><td></td></tr> <tr><td>31 Self-employed health insurance deduction (see instrs) .....</td><td style="text-align: center;">31</td><td></td></tr> <tr><td>32 Self-employed SEP, SIMPLE, and qualified plans .....</td><td style="text-align: center;">32</td><td></td></tr> <tr><td>33 Penalty on early withdrawal of savings .....</td><td style="text-align: center;">33</td><td></td></tr> <tr> <td>34a Alimony paid b Recipient's SSN ..... ▶</td> <td style="text-align: center;">34a</td> <td></td> </tr> <tr> <td>35 Add lines 23 through 34a .....</td> <td style="text-align: center;">35</td> <td style="text-align: right;">800.</td> </tr> <tr> <td>36 Subtract line 35 from line 22. This is your adjusted gross income .....</td> <td style="text-align: center;">36</td> <td style="text-align: right;">20,495.</td> </tr> </table>				23 Educator expenses (see instructions) .....	23		24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ .....	24		25 IRA deduction (see instructions) .....	25		26 Student loan interest deduction (see instructions) .....	26		27 Tuition and fees deduction (see instructions) .....	27		28 Health savings account deduction. Attach Form 8889 .....	28		29 Moving expenses. Attach Form 3903 .....	29	800.	30 One-half of self-employment tax. Attach Schedule SE .....	30		31 Self-employed health insurance deduction (see instrs) .....	31		32 Self-employed SEP, SIMPLE, and qualified plans .....	32		33 Penalty on early withdrawal of savings .....	33		34a Alimony paid b Recipient's SSN ..... ▶	34a		35 Add lines 23 through 34a .....	35	800.	36 Subtract line 35 from line 22. This is your adjusted gross income .....	36	20,495.												
23 Educator expenses (see instructions) .....	23																																																										
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ .....	24																																																										
25 IRA deduction (see instructions) .....	25																																																										
26 Student loan interest deduction (see instructions) .....	26																																																										
27 Tuition and fees deduction (see instructions) .....	27																																																										
28 Health savings account deduction. Attach Form 8889 .....	28																																																										
29 Moving expenses. Attach Form 3903 .....	29	800.																																																									
30 One-half of self-employment tax. Attach Schedule SE .....	30																																																										
31 Self-employed health insurance deduction (see instrs) .....	31																																																										
32 Self-employed SEP, SIMPLE, and qualified plans .....	32																																																										
33 Penalty on early withdrawal of savings .....	33																																																										
34a Alimony paid b Recipient's SSN ..... ▶	34a																																																										
35 Add lines 23 through 34a .....	35	800.																																																									
36 Subtract line 35 from line 22. This is your adjusted gross income .....	36	20,495.																																																									



Form 1040 (2004) MAHA AL-ADHADH

613-19-0270 Page 2

**Tax and Credits****Standard Deduction for —**

• People who checked any box on line 38a or 38b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

37	Amount from line 36 (adjusted gross income)	37	20,495.
38a	Check if: <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind. Total boxes checked <b>38a</b>		
b	If your spouse itemizes on a separate return, or you were a dual-status alien, see instructions and check here. <b>38b</b>		
39	Itemized deductions (from Schedule A) or your standard deduction (see left margin).	39	6,305.
40	Subtract line 39 from line 37.	40	14,190.
41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet in the instructions.	41	3,100.
42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	11,090.
43	Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	43	1,304.
44	Alternative minimum tax (see instructions). Attach Form 6251.	44	
45	Add lines 43 and 44.	45	1,304.
46	Foreign tax credit. Attach Form 1116 if required.	46	
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R.	48	
49	Education credits. Attach Form 8863	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see instructions)	51	
52	Adoption credit. Attach Form 8839	52	
53	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	53	
54	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	54	
55	Add lines 46 through 54. These are your total credits.	55	
56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	1,304.

**Other Taxes**

57	Self-employment tax. Attach Schedule SE	57	
58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60	Advance earned income credit payments from Form(s) W-2	60	
61	Household employment taxes. Attach Schedule H	61	
62	Add lines 56-61. This is your total tax	62	1,304.

**Payments**

If you have a qualifying child, attach Schedule EIC.

63	Federal income tax withheld from Forms W-2 and 1099	63	2,767.
64	2004 estimated tax payments and amount applied from 2003 return	64	
65a	Earned income credit (EIC)	65a	
b	Nontaxable combat pay election <b>65b</b>		
66	Excess social security and tier 1 RRTA tax withheld (see instructions)	66	
67	Additional child tax credit. Attach Form 8812	67	
68	Amount paid with request for extension to file (see instructions)	68	
69	Other pmts from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	69	
70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	2,767.

**Refund**

Direct deposit? See instructions and fill in 72b, 72c, and 72d.

71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid.	71	1,463.
72a	Amount of line 71 you want refunded to you	72a	1,463.
b	Routing number XXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number XXXXXXXXXXXXXXXXXX		
73	Amount of line 71 you want applied to your 2005 estimated tax	73	

**Amount You Owe**

74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see instructions	74	
75	Estimated tax penalty (see instructions)	75	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete the following. ☐ No

Designee's name **Preparer** Phone no. Personal identification number (PIN)

**Sign Here**

Joint return? See instructions.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	Your signature	Date	Your occupation	Daytime phone number
	<b>Preparer</b>		<b>PHYSICIAN</b>	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

**Paid Preparer's Use Only**

Preparer's signature <b>Preparer</b>	Date <b>08/09/2005</b>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN <b>P00284649</b>
Firm's name (or yours if self-employed) <b>RALPH E. ROSENBAUM CPA</b>	EIN <b>22-2663919</b>		
Address, and ZIP code <b>196 MAIN ST #204 MATAWAN NJ 07747</b>	Phone no.		

**SCHEDULE A**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Itemized Deductions**▶ Attach to Form 1040.  
▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

**2004**  
**07**

Name(s) shown on Form 1040

MAHA AL-ADHADH

Your social security number

613-19-0270

<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions)	1	
2	Enter amount from Form 1040, line 37	2	
3	Multiply line 2 by 7.5% (.075)	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
<b>Taxes You Paid</b>	5 State and local (check only one box):	5	1,570.
(See instructions.)	a <input checked="" type="checkbox"/> Income taxes, or		
	b <input type="checkbox"/> General sales taxes (see instructions)	6	
	6 Real estate taxes (see instructions)	7	
	7 Personal property taxes	8	
	8 Other taxes. List type and amount ▶		
	9 Add lines 5 through 8	9	1,570.
<b>Interest You Paid</b>	10 Home mtg interest and points reported to you on Form 1098	10	
(See instructions.)	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶	11	
<b>Note.</b> Personal interest is not deductible.	12 Points not reported to you on Form 1098. See instrs for spl rules	12	
	13 Investment interest. Attach Form 4952 if required. (See instrs.)	13	
	14 Add lines 10 through 13	14	
<b>Gifts to Charity</b>	15 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	15	2,500.
If you made a gift and got a benefit for it, see instructions.	16 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	16	495.
	17 Carryover from prior year	17	
	18 Add lines 15 through 17	18	2,995.
<b>Casualty and Theft Losses</b>	19 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	19	
<b>Job Expenses and Most Other Miscellaneous Deductions</b>	20 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	20	2,150.
(See instructions.)	See Statement 2,150.	21	
	21 Tax preparation fees	22	
	22 Other expenses — investment, safe deposit box, etc. List type and amount ▶	23	2,150.
	23 Add lines 20 through 22	24	20,495.
	24 Enter amount from Form 1040, line 37	25	410.
	25 Multiply line 24 by 2% (.02)	26	1,740.
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	27	
<b>Other Miscellaneous Deductions</b>	27 Other — from list in the instructions. List type and amount ▶	27	
<b>Total Itemized Deductions</b>	28 Is Form 1040, line 37, over \$142,700 (over \$71,350 if MFS)?	28	6,305.
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 39.		
	<input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.		

Form **3903****Moving Expenses**

OMB No. 1545-0062

▶ Attach to Form 1040.

**2004**  
62Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on Form 1040

Your social security number

MAHA AL-ADHADH

613-19-0270

**Before you begin:**

- ✓ See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.  
 ✓ If you are a member of the Armed Forces, see the instructions to find out how to complete this form.

1	Enter the amount you paid for transportation and storage of household goods and personal effects (see instructions).....	1	
2	Enter the amount you paid for travel and lodging in moving from your old home to your new home (see instructions). <b>Do not</b> include the cost of meals.....	2	800.
3	Add lines 1 and 2.....	3	800.
4	Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is <b>not</b> included in the wages box (box 1) of your Form W-2. This amount should be shown in box 12 of your Form W-2 with code <b>P</b> .....	4	
5	Is line 3 <b>more than</b> line 4?  <input type="checkbox"/> <b>No.</b> You <b>cannot</b> deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7. <input checked="" type="checkbox"/> <b>Yes. Moving expense deduction.</b> Subtract line 4 from line 3. Enter the result here and on Form 1040, line 29.....	5	800.

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 3903 (2004)

**Schedule A**  
**Lines 20, 22, 27****Miscellaneous Itemized Deductions Statement****2004**

▶ Attach to return (after all IRS forms)

**Statement**

Name(s) Shown on Return

MAHA AL-ADHADH

Social Security Number

613-19-0270

**Employee Business Expenses – Subject to 2% Limitation**

1	Unreimbursed employee expenses from Form 2106 .....	1	
2	Excluded expenses from Form 2555 .....	2	
3	Excess educator expenses from the Educator Expenses Worksheet .....	3	
4	Union and professional dues .....	4	
5	Professional subscriptions .....	5	
6	Uniforms and protective clothing .....	6	450.
7	Job search costs .....	7	
8	Other:		
	MEDICAL BOOKS .....	8	350.
	BUSINESS TELEPHONE .....		1,040.
	MEDICAL SUPPLIES .....		310.
9	<b>Total unreimbursed employee business expenses</b> (combine lines 1 - 8) ....	9	<b>2,150.</b>

**Miscellaneous Expenses – Subject to 2% Limitation**Investment  
Expense ↓

10	Depreciation and amortization deductions .....	<input type="checkbox"/>	10	
11	Casualty/theft losses of property used in services as an employee .....	<input type="checkbox"/>	11	
12	REMIC expenses, from Schedule E .....	<input type="checkbox"/>	12	
13	Investment expenses related to interest and dividend income .....	<input type="checkbox"/>	13	
14	Deductions related to portfolio income, miscellaneous deductions, and excess deductions on termination, from Schedule(s) K-1 .....	<input type="checkbox"/>	14	
15	Miscellaneous deductions excluded on Form 2555 .....	<input type="checkbox"/>	15	
16	Investment counsel and advisory fees .....	<input type="checkbox"/>	16	
17	Certain attorney and accounting fees .....	<input type="checkbox"/>	17	
18	Safe deposit box rental fees .....	<input type="checkbox"/>	18	
19	IRA custodial fees .....	<input type="checkbox"/>	19	
20	Loss incurred from total distribution of all traditional IRAs .....	<input type="checkbox"/>	20	
21	Loss incurred from total distribution of all Roth IRAs .....	<input type="checkbox"/>	21	
22	Other:		22	
	.....	<input type="checkbox"/>		
	.....	<input type="checkbox"/>		
	.....	<input type="checkbox"/>		
23	<b>Total miscellaneous expenses</b> (combine lines 10 through 22) .....		23	

**Other Miscellaneous Deductions – Not Subject to 2% Limitation**

24	Deductions related to portfolio income, from Schedule(s) K-1 .....	<input type="checkbox"/>	24	
25	Federal estate tax paid on decedent's income reported on this return .....		25	
26	Miscellaneous deductions excluded on Form 2555 .....		26	
27	Impairment-related expenses of a handicapped employee, from Form 2106 ..		27	
28	Amortizable bond premiums on bonds acquired before 10/23/86 .....		28	
29	Gambling losses (to the extent of gambling income) .....		29	
30	Casualty/theft losses of income-producing property .....		30	
31	Other miscellaneous deductions:		31	
	.....			
	.....			
	.....			
32	<b>Total other miscellaneous deductions</b> (combine lines 24 through 31) .....		32	

Form <b>4868</b> Department of the Treasury Internal Revenue Service	<b>Application for Automatic Extension of Time To File U.S. Individual Income Tax Return</b>	OMB No. 1545-0188  <div style="font-size: 24pt; font-weight: bold;">2004</div>
For calendar year 2004, or other tax year beginning _____, 2004, ending _____		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>Part I Identification</b> </div> <div style="width: 48%;"> <b>Part II Individual Income Tax</b> </div> </div>		
<b>1</b> Your name(s) (see instructions)  <div style="border-bottom: 1px solid black; padding-bottom: 5px;">MAHA AL-ADHADH</div> Address (see instructions)  <div style="border-bottom: 1px solid black; padding-bottom: 5px;">69 GOLD ST, Apt. 15F</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>City, town or post office</span> <span>State ZIP code</span> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> <span>NEW YORK</span> <span>NY 10038</span> </div>		<b>4</b> Estimate of total tax liability for 2004 ..... \$ <u>1,304.</u> <b>5</b> Total 2004 payments ..... <u>2,767.</u> <b>6 Balance due.</b> Subtract 5 from 4 .. <u>0.</u> <b>7</b> Amount you are paying ..... <u>0.</u>
<b>2</b> Your social security number  <div style="border-bottom: 1px solid black; padding-bottom: 5px;">613-19-0270</div>		<b>3</b> Spouse's social security number  <div style="border-bottom: 1px solid black; padding-bottom: 5px;"></div>
BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.		Confirmation Number  If you file electronically, you will receive a confirmation number telling you that your Form 4868 has been accepted. Enter the confirmation number here and keep it for your records. ....
Form 4868 (2004)		

▲ Detach Here ▲

Where To File Your Extension

Mail Form 4868 (with payment, if applicable) to the address listed below.

Internal Revenue Service Center  
Andover, MA 05501-0002

Declaration Control Number			
00	-	221672	- 01496 - 5

## New York State E-file Signature Authorization for Tax Year 2004

Taxpayer name MAHA AL-ADHADH Taxpayer social security number 613-19-0270  
 Spouse name \_\_\_\_\_ Spouse social security number \_\_\_\_\_

**Purpose:**

- 1 To certify the truthfulness, correctness, and completeness of the taxpayer's electronic personal income tax return.
- 2 To authorize an electronic funds withdrawal, if applicable.
- 3 To authorize the Electronic Return Originator (ERO) to enter the taxpayer's PIN as the taxpayer's electronic signature on the electronic income tax return, and, if applicable, as authorization for an electronic funds withdrawal.

**A. Declaration of taxpayer:**

Under penalty of perjury, I declare that I have examined the information on my 2004 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, my electronic return is true, correct, and complete. My program participant has my consent to send my 2004 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, to New York State directly or through the Internal Revenue Service. If I am paying my New York State personal income taxes owed by electronic funds withdrawal, I authorize the New York State Department of Taxation and Finance and its designated financial agents to initiate an electronic funds withdrawal from my indicated financial institution account, and my financial institution to debit the entry to my account.

**Taxpayer's PIN (check one line only)**

☒ I authorize my ERO RALPH E ROSENBAUM CPA to enter my PIN ( 90270 ) as my signature on my 2004 New York State electronic personal income tax return.

☐ I will enter my PIN as my signature on my 2004 New York State electronic personal income tax return.

\_\_\_\_\_  
Taxpayer's signature

07/29/2005

Date

**Spouse's PIN (check one line only)**

☐ I authorize my ERO \_\_\_\_\_ to enter my PIN ( \_\_\_\_\_ ) as my signature on my 2004 New York State electronic personal income tax return.

☐ I will enter my PIN as my signature on my 2004 New York State electronic personal income tax return.

\_\_\_\_\_  
Spouse's signature

\_\_\_\_\_  
Date

**B. Declaration of electronic return originator (ERO) and paid preparer:**

Under penalty of perjury, I declare that the information contained in this 2004 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2004 New York State personal income tax return signed by a paid preparer, I declare that the information contained in this 2004 New York State electronic personal income tax return is identical to that contained in the paper return. If I am the paid preparer, under the penalty of perjury I declare that I have examined this 2004 New York State electronic personal income tax return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

\_\_\_\_\_  
ERO's signature

07/29/2005

Date

\_\_\_\_\_  
Paid preparer's signature

07/29/2005

Date

THE ERO MUST RETAIN THIS DOCUMENT FOR 3 YEARS  
DO NOT SUBMIT THIS DOCUMENT TO NEW YORK STATE UNLESS REQUESTED TO DO SO

Form IT-201  
Line 17**Income Adjustments Statement**  
► Attach to return after all other forms**2004**  
**Statement** 1

Name as Shown on Return

MAHA AL-ADHADH

Social Security No.

613-19-0270

1	Educator expenses .....	1	
2	Certain business expenses of reservists, performing artists, and fee-basis government officials .....	2	
3	IRA deduction .....	3	
4	Student loan interest deduction .....	4	
5	Tuition and fees deduction .....	5	
6	Health savings account deduction .....	6	
7	Moving expenses .....	7	800.
8	One-half of self-employment tax .....	8	
9	Self-employed health insurance deduction .....	9	
10	Self-employed SEP, SIMPLE and qualified plans .....	10	
11	Penalty on early withdrawal of savings .....	11	
12	Alimony paid .....	12	
13	Foreign housing deduction .....	13	
14	Jury duty pay given to employer .....	14	
15	Reforestation amortization and expenses .....	15	
16	Repayment of sub-pay under the Trade Act of 1974 .....	16	
17	Expenses from the rental of personal property .....	17	
18	Contributions to section 501(c)(18)(D) pension plans .....	18	
19	Archer MSA deduction .....	19	
20	Deduction for clean-fuel vehicles .....	20	
21	Other adjustments ....	21	
22	Total federal adjustments to income .....	22	800.

1	Wages, tips, other comp.	2	Federal income tax withheld
	21294.67		2765.78
3	Social security wages	4	Social security tax withheld
	21294.67		1320.27
5	Medicare wages and tips	6	Medicare tax withheld
	21294.67		308.77
a	Control Number	Dept.	Corp.
	006330		Employer use only
c	Employer's name, address, and ZIP code		
NYU DOWNTOWN HOSPITAL 59 MAIDEN LANE NEW YORK NY 10038			
b	Employer's FED ID number	d	Employee's SSA number
	13-3049852		613-19-0270
7	Social security tips	a	Allocated tips
9	Advance EIC payment	10	Dependent care benefits
11	Nonqualified plans	12a	See instructions for box 12
14	Other	12b	
		12c	
		12d	
e/f	Employee's name, address and ZIP code	13	State emp. Ret. plan 3rd party sick pay
MAHA AL-ADHADI MD 69 GOLD STREET 15F NEW YORK NY 10038			
15	State Employer's state ID no.	16	State wages, tips, etc.
	NY 13-3049852		21294.67
17	State income tax	18	Local wages, tips, etc.
	969.42		21294.67
19	Local income tax	20	Locality name
	600.72		NYC RES

Federal Filing Copy  
 W-2 Wage and Tax Statement  
 2004  
 Copy B to be filed with employee's Federal Income Tax Return.



For Privacy Act Notice, get form FTB 1131.

## California Resident Income Tax Return 2003

FORM

540 2EZ C1 Side 1

## Step 1

Place  
label here  
or printName  
and  
Address

Your first name M A H A		Initial N	Last name A L - A D I H A D I H		P
If joint return, spouse's first name N I A		Initial	Last name		
Number and street, PO Box, or rural route 4202 FOURTH AVE					Apt. no. 304
City, town, or post office SAN DIEGO					PMB no.
State CA					ZIP Code 92103

## Step 1a

SSN

Your social security number

613190270

Spouse's social security number

## IMPORTANT:

Your social security number  
is required.

## Step 2

Filing Status

Fill in only one.

Filing Status. Fill in the circle for your filing status. See page 5.

- 1 ☒ Single  
 2 ☐ Married filing jointly  
 4 ☐ Head of household. STOP! See instructions.  
 5 ☐ Qualifying widow(er) with dependent child. Year spouse died \_\_\_\_\_

## Step 3

Exemptions

Dependent  
Exemptions

- 6 If another person can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, fill in this circle ..... 6 ☐  
 7 Senior: If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 ..... 7 ☐  
 8 Number of dependents. (Do not include yourself or your spouse). ..... 8 ☐

Name:

Name:

Name:

## Step 4

Taxable  
Income and  
CreditsEnclose, but do  
not staple, any  
payment.

- 9 Total wages (Form W-2, box 16) See page 6 ..... 9 65161  
 10 Total interest income (Form 1099-INT, box 1) ..... 10 000  
 11 Unemployment compensation ..... 11 ☐  
 12 U.S. Social security or railroad retirement ..... 12 ☐  
 13 Add line 9 and line 10. Caution: Do not include line 11 and line 12 ..... 13 65161  
 14 Using the 2EZ Table for your filing status, enter the tax for the amount on line 13  
(If you filled in the circle on line 6, STOP. See page 6) ..... 14 000  
 15 Senior Exemption: If you entered 1 in the box on line 7,  
enter \$82. If you entered 2 in the box on line 7, enter \$164 ..... 15 ☐  
 16 Nonrefundable renter's credit. See page 7 ..... 16 ☐  
 17 Add line 15 and line 16 ..... 17 ☐  
 18 Subtract line 17 from line 14. If zero or less, enter -0- ..... 18 000

## Step 5

Overpaid  
Tax/ Tax  
Due/Use TaxAttach a copy of  
your Form(s) W-2.

- 19 Total tax withheld (Form W-2, box 17) ..... 19 626  
 20 Overpaid tax. If line 19 is more than line 18, subtract line 18 from line 19 ..... 20 626  
 21 Tax due. If line 19 is less than line 18, subtract line 19 from line 18.  
See page 7 ..... 21 000  
 22 Use tax. See page 7 ..... 22 000

11 Other income (alimony, taxable IRA/Keogh distributions, winnings, fees) from Schedule X, line 5 (enclose Schedule X). Not less than "0" 11

12 TOTAL 5.3% INCOME. Add lines 5 through 11. (Be sure to subtract any loss(es) in lines 8 or 9) 12 1,649.12  
 Note: Part-year residents, omit lines 13 and 14 and go to line 15.  $\Delta$  If showing a loss, mark an X in box at left

13 NONRESIDENT APPORTIONMENT WORKSHEET: You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Use only when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis: working days miles sales other:

a. Working days (or other basis) outside Massachusetts 13a N/A

b. Working days (or other basis) inside Massachusetts 13b

c. Total working days. Add line 13a and line 13b. 13c

d. Nonworking days (holidays, weekends, etc.) 13d

e. Massachusetts ratio. Divide line 13b by line 13c 13e

f. Total income being apportioned (you cannot apportion Mass. wages as shown on Form W-2) 13f

g. Massachusetts income. Multiply line 13e by line 13f. Enter here and in appropriate line on page 1 13g

14 NONRESIDENT DEDUCTION & EXEMPTION RATIO: Nonresident taxpayers must complete this item to determine the ratio for apportioning the deductions in lines 16 and 17 below; Schedule Y, lines 3, 5 (see instructions), 7 and 8; the exemptions in line 22a; and the EIC in line 43.

a. Total 5.3% income (from line 12). Not less than "0" 14a N/A

b. Interest income (smaller of line 7a or line 7b) 14b

c. Total capital gain income, if any (total of Schedule B, Part 1, line 7; Schedule B, Part 2, line 13; Schedule D, line 12. Not less than "0.") 14c

d. Total income this return. Add lines 14a, b and c 14d

e. Non-Massachusetts source income. Not less than "0" 14e

f. Total income. Add line 14d and line 14e. 14f

g. Deduction and exemption ratio. Divide line 14d by line 14f. 14g

15 Amount paid to Soc. Sec., Medicare, R.R., U.S. or Massachusetts retirement (this amount must be related to income reported on this return).

Not more than \$2,000 per person. a. You 23.93 + b. Spouse N/A a + b = 15 23.93

16 Child under age 13, or disabled dependent/spouse care expenses (from worksheet in instructions) 16 0

17 Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/03, or disabled dependent(s) (only if single, head of household or married filing joint return and not claiming line 16).

Not more than two: a. 0  $\times$  \$3,600 = 0 Nonresidents multiply result by line 14g; part-year residents multiply result by line 2 17 0

18 Rental deduction (rent paid in 2003): a. 0  $\div$  2 = 0 Not more than \$3,000 (\$1,500 if married filing separately) 18 0

Nonresidents, during 2003 did you have a family home or any other dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future? ☐ Yes ☐ No. If yes, you do not qualify for this deduction.

19 Other deductions from Schedule Y, line 9 (enclose Schedule Y) 19 0

20 TOTAL DEDUCTIONS. Add lines 15 through 19 20 23.93

21 5.3% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0" 21 1,625.19

22 Exemption amount (from line 4, item f). a. 3,300.00 Nonresidents multiply line 22a by line 14g. Part-year residents multiply line 22a by line 2. Enter result here 22 858.90

23 5.3% INCOME AFTER EXEMPTIONS. Subtract line 22 from line 21. Not less than "0" 23 766.29

If line 21 is less than line 22, see instructions.

FIRST NAME <b>MAHA</b>		LAST NAME <b>AL-ADH ADH</b>		SOCIAL SECURITY NUMBER <b>613-19-0270</b>	
<b>24</b>	INTEREST AND DIVIDEND INCOME (from Schedule B, line 38). Not less than "0" .....				<b>24</b> <b>0</b>
<b>25</b>	TOTAL TAXABLE 5.3% INCOME. Add line 23 and line 24 .....				<b>25</b> <b>766.29</b>
<b>26</b>	TAX ON 5.3% INCOME (from tax table). If line 25 is more than \$24,000, multiply by .053. Note: If choosing the optional 5.85% tax rate, multiply line 25 and the amount in Sch. D, line 20 by .0585. See instr. fill in oval .....				<b>26</b> <b>41.00</b>
<b>27</b>	12% INCOME from Schedule B, line 39. Not less than "0" .....				<b>27</b> <b>0</b>
<b>28</b>	TAX ON LONG-TERM CAPITAL GAINS (from Schedule D, line 21). Not less than "0." Enclose Schedule D. If filing Schedule D-IS, check box and enclose Schedule D-IS .....				<b>28</b> <b>0</b>
<b>29</b>	Credit recapture amount (enclose Sch. H-2; see instructions) (BC) (EOA) (LIH) .....				<b>29</b> <b>0</b>
<b>30</b>	If you qualify for No Tax Status, check box and enter "0" on line 31 (complete Schedule NTS-L-NR/PY on reverse) .....				
<b>31</b>	TOTAL INCOME TAX. Add lines 26 through 29 .....				<b>31</b> <b>41.00</b>
CREDITS. Lines 32 through 34. Enclose all applicable schedules.					
<b>32</b>	Limited Income Credit (complete Schedule NTS-L-NR/PY on reverse)		<b>33</b>	Credits from Schedule Z, line 1	
<b>35</b>	Total credits. Add lines 32 through 34 .....				<b>35</b> <b>0</b>
<b>36</b>	INCOME TAX AFTER CREDITS. Subtract line 35 from line 31. Not less than "0" .....				<b>36</b> <b>41.00</b>
<b>37</b>	Voluntary contributions: Total of items a, b, c and d listed below .....				<b>37</b> <b>0</b>
<b>38</b>	Use tax due on non-Massachusetts purchases (see instructions). If no use tax due enter "0" .....				<b>38</b> <b>0</b>
<b>39</b>	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 38 .....				<b>39</b> <b>41.00</b>
<b>40</b>	Massachusetts income tax withheld (enclose all Mass. Forms W-2, W-2G, 1099-G & 1099-R) .....				<b>40</b> <b>20.83</b>
<b>41</b>	2002 overpayment applied to your 2003 estimated tax (do not enter 2002 refund) .....				<b>41</b> <b>N/A</b>
<b>42</b>	2003 Massachusetts estimated tax payments (do not include amount in line 41) .....				<b>42</b> <b>0</b>
<b>43</b>	Earned Income Credit. Enter amount from U.S. return. a. <input type="text"/> .....		Enter number of qualifying children <input type="text"/> .....		<b>43</b> <b>0</b>
<b>44</b>	Senior Circuit Breaker Credit (enclose Schedule CB). Part-year residents only .....				<b>44</b> <b>0</b>
<b>45</b>	Payments made with extension (enclose Form M-4868) .....				<b>45</b> <b>0</b>
<b>46</b>	TOTAL TAX PAYMENTS. Add lines 40 through 45 .....				<b>46</b> <b>20.83</b>
<b>47</b>	OVERPAYMENT. If line 39 is smaller than line 46, subtract line 39 from line 46. ....				<b>47</b> <b>—</b>
<b>48</b>	Amount of overpayment you want APPLIED to your 2004 ESTIMATED TAX .....				<b>48</b> <b>—</b>
<b>49</b>	Subtract line 48 from line 47. THIS IS YOUR REFUND. Mail to Mass. DOR, PO Box 7000, Boston, MA 02204. ....				<b>49</b> <b>—</b>
Direct Deposit of Refund. See instructions. Type of account: <input type="radio"/> Checking <input type="radio"/> Savings					
Routing number (first two digits must be 01-12 or 21-32) <input type="text"/> Account number <input type="text"/>					
<b>50</b>	Tax due. If line 39 is larger than line 46, subtract line 46 from line 39. Use Form PV .....				<b>50</b> <b>20.17</b>
Pay in full. Write Social Security number on lower left corner of check and make payable to Commonwealth of Massachusetts. Mail to Mass. DOR, PO Box 7003, Boston, MA 02204. (Add to total in line 50, if applicable.)					
Penalty <input type="text"/> M-2210 amt. <input type="text"/> EX enclose Form M-2210					

Dept. of the Treasury-IRS

OMB No. 1545-0048

## Form W-2 Wage and Tax Statement

200:

COPY 2 For

1 Wages, tips, other compensation	651.61	2 Federal income tax withheld	
3 Social security wages	651.61	4 Social security tax withheld	40.40
5 Medicare wages and tips	651.61	6 Medicare tax withheld	9.45

GROSSMONT HOSPITAL CORPORATION  
P.O. BOX 158

LA MESA CA 91944

7 Social security tips	8 Allocated tips	12a	
9 Advance EIC payment	10 Dependent care benefits	12b	
11 Nonqualified plans	14 Other SDI	5.86	
12 Employee identification number	33-0449527	12c	
13 Employee social security number	613-19-0270	12d	
e Employee's name, address, and ZIP code		13a	
MAHA N. AL-ADHADI 4202 FOURTH AVENUE APARTMENT 304 SAN DIEGO CA 92103		13b	
15 State	16 State wages, tips, etc.	17 State income tax	
CA	925-0035-4	651.61	6.26
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

## Label

(See page 14.)  
Use the IRS  
label.  
Otherwise,  
please print  
or type.

Presidential  
Election  
Campaign  
(page 14)

L  
A  
B  
E  
L  
  
H  
E  
R  
E

Your first name and initial

MAGHA N.

Last name

AL-Adhaddh

If a joint return, spouse's first name and initial

Last name

Home address (number and street). If you have a P.O. box, see page 14.

9249 Village Glen Dr.

Apt. no.

206

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.

San Diego, CA 92123

Your social security number

613:19:0270

Spouse's social security number

- - - - -

▲ Important! ▲

You must enter your  
SSN(s) above.

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if a joint return, want \$3 to go to this fund? . . . . .

You                      Spouse  
☐ Yes ☐ No                      ☐ Yes ☐ No

## Income

Attach  
Form(s) W-2  
here.  
Enclose, but  
do not attach,  
any payment.

Note. You  
must check  
Yes or No.

1 Total wages, salaries, and tips. This should be shown in box 1 of your W-2 form(s). Attach your W-2 form(s).

1 6696 40

2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.

2 —

3 Unemployment compensation and Alaska Permanent Fund dividends (see page 16).

3 —

4 Add lines 1, 2, and 3. This is your adjusted gross income.

4 6696 40

5 Can your parents (or someone else) claim you on their return?

Yes. Enter amount from  
☐ worksheet on back.

No. If single, enter \$7,700.  
☒ If married, enter \$13,850.  
See back for explanation.

5 7,700 00

6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-.  
This is your taxable income.

6 0

Payments  
and tax

7 Federal income tax withheld from box 2 of your W-2 form(s).

7 435 69

8 Earned income credit (EIC).

8 0

9 Add lines 7 and 8. These are your total payments.

9 435 69

10 Tax. Use the amount on line 6 above to find your tax in the tax table on pages 25-29 of the booklet. Then, enter the tax from the table on this line.

10 0

## Refund

Have it directly  
deposited? See  
page 21 and fill in  
11b, 11c, and 11d.

11a If line 9 is larger than line 10, subtract line 10 from line 9. This is your refund.

11a 435 69

b Routing number 322271627 c Type: ☒ Checking ☐ Savings

d Account number 3874938382

Amount  
you owe

12 If line 10 is larger than line 9, subtract line 9 from line 10. This is the amount you owe. For details on how to pay, see page 22.

12 —

Third party  
designee

Do you want to allow another person to discuss this return with the IRS (see page 22)? ☐ Yes. Complete the following. ☒ No

Designee's  
name

Phone  
no. ( )

Personal identification  
number (PIN)

Sign  
here

Joint return?  
See page 13.  
Keep a copy  
for your  
records.

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature

Date  
3/5/03

Your occupation

Daytime phone number

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

(858) 627-9543

Paid  
preparer's  
use only

Preparer's  
signature

Date

Check if  
self-employed ☐

Preparer's SSN or PTIN

Firm's name (or  
yours if self-employed),  
address, and ZIP code

EIN

Phone no. ( )



## California Resident Income Tax Return 2002

FORM

540 2EZ

L A B E L  H E R E	Your first name <b>MAHA</b>		Initial <b>N</b>	Last name <b>AL-Adhadi</b>		P	
	If a joint return, spouse's first name —		Initial —	Last name —			
	Number and street, PO Box or rural route <b>9249 Village Glen Dr.</b>			Apt. no. <b>206</b>	PMB no. —	AC	
	City <b>San Diego</b>		State <b>CA</b>	ZIP Code <b>92123</b>		A  R	
	Your social security number <b>613-19-0270</b>			If joint return, spouse's social security number — — — — —			RP

**Filing Status.** Fill in the circle for your filing status. See instructions.

- 1 ☒ Single  
 2 ☐ Married filing jointly  
 4 ☐ Head of household. **Stop!** See instructions.  
 5 ☐ Qualifying widow(er) with dependent child. (Year spouse died \_\_\_\_\_.)  
 6 If another person can claim you (or your spouse, if married) as a dependent on his or her return, even if he or she chooses not to, fill in this circle. ☒ **6**  
 7 Number of dependents. (Do not include yourself or your spouse) ☐ **7**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

- 8 Total wages (Form W-2, box 16) See instructions. ☒ **8**

		6	6	9	6	4	0
--	--	---	---	---	---	---	---

  
 9 Total interest income (Form 1099-INT, box 1) ☐ **9**

					0	0	0
--	--	--	--	--	---	---	---

  
 10 Unemployment compensation. ☒ **10** \_\_\_\_\_  
 11 Add line 8 and line 9. **Caution:** Do not include line 10. ☒ **11**

		6	6	9	6	4	0
--	--	---	---	---	---	---	---

  
 12 Using the 2EZ Table for your filing status, enter the tax for the amount on line 11. ☐ **12**

				0	0	0
--	--	--	--	---	---	---

  
 (If you filled in the circle on line 6, **STOP.** See instructions)  
 13 Nonrefundable renter's credit. See instructions. ☒ **13**

		0	0	0
--	--	---	---	---

  
 14 Subtract line 13 from line 12. If zero or less, enter -0-. ☒ **14**

		0	0	0
--	--	---	---	---

  
 15 Total tax withheld (Form W-2, box 17) ☒ **15**

	1	3	8	4	6
--	---	---	---	---	---

  
 16 Overpaid tax. If line 15 is more than line 14, subtract line 14 from line 15. ☒ **16**

	1	3	8	4	6
--	---	---	---	---	---

  
 17 Tax due. If line 15 is less than line 14, subtract line 15 from line 14. ☐ **17**

		+			+
--	--	---	--	--	---

18 Transfer overpaid tax from Side 1, line 16... 18

1 3 8 4 6

19 Transfer tax due from Side 1, line 17 ..... 19

-

Voluntary Contributions. See instructions. ....

	Code	Amount
Alzheimer's Disease/Related Disorders Fund .....	52	
California Fund for Senior Citizens .....	53	
Rare and Endangered Species Preservation Program .....	54	
State Children's Trust Fund for the Prevention of Child Abuse .....	55	
California Breast Cancer Research Fund .....	56	
California Firefighters' Memorial Fund .....	57	
Emergency Food Assistance Program Fund .....	58	
California Peace Officer Memorial Foundation Fund .....	59	
Lupus Foundation of America, California Chapters Fund .....	60	
Asthma and Lung Disease Research Fund .....	61	

20 Add all contributions entered above ..... 20

0 0 0

21 Refund or no amount due. Subtract line 20  
from line 18. Mail to: Franchise Tax Board,  
PO Box 942840, Sacramento CA 94240-0002 ■ 21

1 3 8 4 6

22 Amount you owe. If there is an amount  
on line 19, add line 19 and line 20. Mail to:  
Franchise Tax Board, PO Box 942867,  
Sacramento CA 94267-0001 ..... ■ 22

-

**Direct Deposit (For Refunds Only)**

Fill in the boxes to have your refund directly deposited.

Account Type:

Checking ☒ Savings ☐Routing  
number

3 2 2 2 7 1 6 2 7

Account  
number

3 8 7 4 9 3 8 3 8 2

Caution: Do not attach a voided check or a deposit slip. See instructions.

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information on this return is true, correct, and complete. It is unlawful to forge a spouse's signature. 3

Sign  
hereYou: Alison Aladach Spouse: \_\_\_\_\_

Daytime phone number (858) 627 9543

Date: 3/5/03

Paid  
preparer

N/A

Paid preparer's SSN/PTIN									
FEIN									

Dept. of the Treasury-IRS  
OMB No. 1545-0046  
Form W-2 Wage and Tax Statement  
Copy 2 For  
2002  
(Rev. February 2002)

Employee's State, City or Local Income Tax Return  
GROSSMONT HOSPITAL CORPORATION  
P.O. BOX 158  
LA MESA CA 91944

1	Wages, tips, other compensation	6696.40	2	Federal income tax withheld	435.69
3	Social security wages	6696.40	4	Social security tax withheld	415.18
5	Medicare wages and tips	6696.40	6	Medicare tax withheld	97.10

7 Social security tips  
8 Allocated tips

9 Employee's name, address, and ZIP code  
MAHA N. AL-ADHADI  
9249 VILLAGE GLEN DR  
#206  
SAN DIEGO CA 92123

10 Dependent care benefits  
11 Nonqualified plans  
12a  
12b  
12c  
12d  
12e  
12f  
12g  
12h  
12i  
12j  
12k  
12l  
12m  
12n  
12o  
12p  
12q  
12r  
12s  
12t  
12u  
12v  
12w  
12x  
12y  
12z

13 State income tax  
14 State income tax  
15 State income tax  
16 State income tax  
17 State income tax  
18 Local wages, tips, etc.  
19 Local income tax

CA 925-0035-4 6696.40 138.46



<b>Form 1040</b> Department of the Treasury—Internal Revenue Service <b>U.S. Individual Income Tax Return 2001</b>		(99) IRS Use Only—Do not write or staple in this space.																																																													
<b>Label</b> (See instructions on page 19.) <b>Use the IRS label.</b> Otherwise, please print or type. <b>Presidential Election Campaign</b> (See page 19.)		For the year Jan. 1–Dec. 31, 2001, or other tax year beginning _____, 2001, ending _____, 20 OMB No. 1545-0074 Your first name and initial <b>MAHA N.</b> Last name <b>AL-ADHADH</b> If a joint return, spouse's first name and initial _____ Last name _____ Home address (number and street). If you have a P.O. box, see page 19. <b>4050 THIRD AVE.</b> Apt. no. <b>308</b> City, town or post office, state, and ZIP code. If you have a foreign address, see page 19. <b>SAN DIEGO, CA 92103</b>																																																													
<b>Filing Status</b> Check only one box.		<b>Important!</b> You must enter your SSN(s) above. You <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No																																																													
<b>Exemptions</b> If more than six dependents, see page 20.		Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																													
1 <input checked="" type="checkbox"/> Single 2 <input type="checkbox"/> Married filing joint return (even if only one had income) 3 <input type="checkbox"/> Married filing separate return. Enter spouse's social security no. above and full name here. _____ 4 <input type="checkbox"/> Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. _____ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died _____). (See page 19.)		6a <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. b <input type="checkbox"/> Spouse c Dependents: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 20)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table> d Total number of exemptions claimed <span style="float: right;">1</span>		(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 20)					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>																									
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 20)																																																											
				<input type="checkbox"/>																																																											
				<input type="checkbox"/>																																																											
				<input type="checkbox"/>																																																											
				<input type="checkbox"/>																																																											
				<input type="checkbox"/>																																																											
				<input type="checkbox"/>																																																											
<b>Income</b> Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld. If you did not get a W-2, see page 21. Enclose, but do not attach, any payment. Also, please use Form 1040-V.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>7 Wages, salaries, tips, etc. Attach Form(s) W-2</td><td>7</td><td>\$17,710</td></tr> <tr><td>8a Taxable interest. Attach Schedule B if required</td><td>8a</td><td></td></tr> <tr><td>b Tax-exempt interest. Do not include on line 8a</td><td>8b</td><td></td></tr> <tr><td>9 Ordinary dividends. Attach Schedule B if required</td><td>9</td><td></td></tr> <tr><td>10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22)</td><td>10</td><td></td></tr> <tr><td>11 Alimony received</td><td>11</td><td></td></tr> <tr><td>12 Business income or (loss). Attach Schedule C or C-EZ</td><td>12</td><td></td></tr> <tr><td>13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/></td><td>13</td><td></td></tr> <tr><td>14 Other gains or (losses). Attach Form 4797</td><td>14</td><td></td></tr> <tr><td>15a Total IRA distributions</td><td>15a</td><td></td></tr> <tr><td>b Taxable amount</td><td>15b</td><td></td></tr> <tr><td>16a Total pensions and annuities</td><td>16a</td><td></td></tr> <tr><td>b Taxable amount (see page 23)</td><td>16b</td><td></td></tr> <tr><td>17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E</td><td>17</td><td></td></tr> <tr><td>18 Farm income or (loss). Attach Schedule F</td><td>18</td><td></td></tr> <tr><td>19 Unemployment compensation</td><td>19</td><td></td></tr> <tr><td>20a Social security benefits</td><td>20a</td><td></td></tr> <tr><td>b Taxable amount (see page 25)</td><td>20b</td><td></td></tr> <tr><td>21 Other income. List type and amount (see page 27)</td><td>21</td><td></td></tr> <tr><td>22 Add the amounts in the far right column for lines 7 through 21. This is your total income</td><td>22</td><td>\$17,710</td></tr> </table>		7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	\$17,710	8a Taxable interest. Attach Schedule B if required	8a		b Tax-exempt interest. Do not include on line 8a	8b		9 Ordinary dividends. Attach Schedule B if required	9		10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22)	10		11 Alimony received	11		12 Business income or (loss). Attach Schedule C or C-EZ	12		13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13		14 Other gains or (losses). Attach Form 4797	14		15a Total IRA distributions	15a		b Taxable amount	15b		16a Total pensions and annuities	16a		b Taxable amount (see page 23)	16b		17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17		18 Farm income or (loss). Attach Schedule F	18		19 Unemployment compensation	19		20a Social security benefits	20a		b Taxable amount (see page 25)	20b		21 Other income. List type and amount (see page 27)	21		22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	\$17,710
7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	\$17,710																																																													
8a Taxable interest. Attach Schedule B if required	8a																																																														
b Tax-exempt interest. Do not include on line 8a	8b																																																														
9 Ordinary dividends. Attach Schedule B if required	9																																																														
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22)	10																																																														
11 Alimony received	11																																																														
12 Business income or (loss). Attach Schedule C or C-EZ	12																																																														
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13																																																														
14 Other gains or (losses). Attach Form 4797	14																																																														
15a Total IRA distributions	15a																																																														
b Taxable amount	15b																																																														
16a Total pensions and annuities	16a																																																														
b Taxable amount (see page 23)	16b																																																														
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17																																																														
18 Farm income or (loss). Attach Schedule F	18																																																														
19 Unemployment compensation	19																																																														
20a Social security benefits	20a																																																														
b Taxable amount (see page 25)	20b																																																														
21 Other income. List type and amount (see page 27)	21																																																														
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	\$17,710																																																													
<b>Adjusted Gross Income</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>23 IRA deduction (see page 27)</td><td>23</td><td></td></tr> <tr><td>24 Student loan interest deduction (see page 28)</td><td>24</td><td></td></tr> <tr><td>25 Archer MSA deduction. Attach Form 8853</td><td>25</td><td></td></tr> <tr><td>26 Moving expenses. Attach Form 3903</td><td>26</td><td></td></tr> <tr><td>27 One-half of self-employment tax. Attach Schedule SE</td><td>27</td><td></td></tr> <tr><td>28 Self-employed health insurance deduction (see page 30)</td><td>28</td><td></td></tr> <tr><td>29 Self-employed SEP, SIMPLE, and qualified plans</td><td>29</td><td></td></tr> <tr><td>30 Penalty on early withdrawal of savings</td><td>30</td><td></td></tr> <tr><td>31a Alimony paid b Recipient's SSN</td><td>31a</td><td></td></tr> <tr><td>32 Add lines 23 through 31a</td><td>32</td><td></td></tr> <tr><td>33 Subtract line 32 from line 22. This is your adjusted gross income</td><td>33</td><td>\$17,710</td></tr> </table>		23 IRA deduction (see page 27)	23		24 Student loan interest deduction (see page 28)	24		25 Archer MSA deduction. Attach Form 8853	25		26 Moving expenses. Attach Form 3903	26		27 One-half of self-employment tax. Attach Schedule SE	27		28 Self-employed health insurance deduction (see page 30)	28		29 Self-employed SEP, SIMPLE, and qualified plans	29		30 Penalty on early withdrawal of savings	30		31a Alimony paid b Recipient's SSN	31a		32 Add lines 23 through 31a	32		33 Subtract line 32 from line 22. This is your adjusted gross income	33	\$17,710																											
23 IRA deduction (see page 27)	23																																																														
24 Student loan interest deduction (see page 28)	24																																																														
25 Archer MSA deduction. Attach Form 8853	25																																																														
26 Moving expenses. Attach Form 3903	26																																																														
27 One-half of self-employment tax. Attach Schedule SE	27																																																														
28 Self-employed health insurance deduction (see page 30)	28																																																														
29 Self-employed SEP, SIMPLE, and qualified plans	29																																																														
30 Penalty on early withdrawal of savings	30																																																														
31a Alimony paid b Recipient's SSN	31a																																																														
32 Add lines 23 through 31a	32																																																														
33 Subtract line 32 from line 22. This is your adjusted gross income	33	\$17,710																																																													

Form 1040A (2001) MAHA N ALADHADH

613-19-0270 Page 2

**Tax, credits, and payments**

20 Enter the amount from line 19 (adjusted gross income) ..... 20 18,133.

21 a Check if: ☐ You were 65 or older ☐ Blind ☐ Spouse was 65 or older ☐ Blind Enter number of boxes checked ... 21 a ☐b If you are married filing separately and your spouse itemizes deductions, see instructions and check here ..... 21 b ☐**Standard Deduction for -**

- People who checked any box on line 21a or 21b or who can be claimed as a dependent, see instructions.
- All others:

Single, \$4,550

Head of Household, \$6,650

Married filing jointly or Qualifying widow(er), \$7,600

Married filing separately, \$3,800

22 Enter your **standard deduction** (see left margin) ..... 22 4,550.

23 Subtract line 22 from line 20. If line 22 is more than line 20, enter 0 ..... 23 13,583.

24 Multiply \$2,900 by the total number of exemptions claimed on line 6d ..... 24 2,900.

25 Subtract line 24 from line 23. If line 24 is more than line 23, enter 0. This is your **taxable income** ..... 25 10,683.26 **Tax**, including any alternative minimum tax (see instructions) ..... 26 1,601.

27 Credit for child and dependent care expenses. Attach Schedule 2 ..... 27

28 Credit for the elderly or the disabled. Attach Schedule 3 ..... 28

29 Education credits. Attach Form 8863 ..... 29

30 Rate reduction credit. See the worksheet in the instructions ..... 30 300.

31 Child tax credit (see instructions) ..... 31

32 Adoption credit. Attach Form 8839 ..... 32

33 Add lines 27 through 32. These are your **total credits** ..... 33 300.

34 Subtract line 33 from line 26. If line 33 is more than line 26, enter 0 ..... 34 1,301.

35 Advance earned income credit payments from Form(s) W-2 ..... 35

36 Add lines 34 and 35. This is your **total tax** ..... 36 1,301.

37 Federal income tax withheld from Forms W-2 and 1099 ..... 37 1,812.

38 2001 estimated tax payments and amount applied from 2000 return ..... 38

39 a **Earned income credit (EIC)** ..... 39 a No

b Nontaxable earned income ... 39 b

40 Additional child tax credit. Attach Form 8812 ..... 40

41 Add lines 37, 38, 39a, and 40. These are your **total payments** ..... 41 1,812.

42 If line 41 is more than line 36, subtract line 36 from line 41. This is the amount you overpaid ..... 42 511.

43 a Amount of line 42 you want **refunded to you** ..... 43 a 511.b Routing number ..... c Type: ☐ Checking ☐ Savings

d Account number .....

44 Amount of line 42 you want **applied to your 2002 estimated tax** ..... 44**Refund**

Direct deposit? See instructions and fill in 43b, 43c, and 43d.

**Amount you owe**45 **Amount you owe.** Subtract line 41 from line 36. For details on how to pay, see instructions ..... 4546 **Estimated tax penalty** (see instructions) ..... 46**Third party designee**Do you want to allow another person to discuss this return with the IRS (see instructions)? ..... ☐ Yes. Complete the following. ☒ No

Designee's Name

Phone No.

Personal Identification Number (PIN)

**Sign here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your Signature

Date

Your Occupation

Daytime Phone Number

Joint return? See instructions.

STUDENT

Keep a copy for your records.

Spouse's Signature. If a Joint Return, Both Must Sign.

Date

Spouse's Occupation

**Paid preparer's use only**

Preparer's Signature

Date 06/22/2002

Check if self-employed ☒

Preparer's SSN or PTIN

P00235144

Firm's Name (or yours if self-employed), Address, and ZIP Code

KATCO FINANCIAL SERVICE

917 EXMOOR WAY

SUNNYVALE

CA 940874928

EIN 77-0197492

Phone No. (408) 720-104

Form 1040A (

## EMPLOYEE W-2 WAGE SUMMARY 2001

0088-8343 000503

VIKO TECHNOLOGY INC  
1605-A MABURY ROAD  
SAN JOSE CA 95133

FEDERAL WITHHOLDING EXEMPTIONS S 0  
CA WITHHOLDING EXEMPTIONS S 0

For 2001, you have no payroll adjustments which affected your federal wages (Box 1) or state wages. Therefore, the wages on your final 2001 check statement should be the same as the wages reported on your W-2 statement.

REGULAR WAGES FOR 2001 8632.80

MAHA N ALADHADH  
P O BOX 927226  
SAN DIEGO CA 92192

01363

PAYROLLS BY **PAYCHEX**

## Form W-2 Wage and Tax Statement 2001 Copy C, for employees records

a Control number 0088-8343		c Employer's name, address, and ZIP code VIKO TECHNOLOGY INC 1605-A MABURY ROAD SAN JOSE CA 95133		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer's identification number 94-2285120		d Employee's social security number 613-19-0270		1 Wages, tips, other compensation 2 Federal income tax withheld 8632.80 1096.17	
13 Statutory employee Retirement plan		14 Other CASDI		3 Social security wages 4 Social security tax withheld 8632.80 535.22	
12 See Instrs. for Box 12		e Employee's name, address, and ZIP code MAHA N ALADHADH P O BOX 927226 SAN DIEGO CA 92192		5 Medicare wage and tips 6 Medicare tax withheld 8632.80 125.18	
15 State CA		16 State wages, tips, etc. 8632.80		7 Social security tips 8 Allocated tips 9 Advance EIC payment 10 Dependent care benefits 11 Nonqualified plans	
Employer's state I.D. No. 238-5702-2		17 State income tax 148.48		19 Local income tax 20 Locality name	



Copy 2 For	1 Wages, tips, other compensation	2 Federal income tax withheld
	8238.47	646.44
Employee's State, City or Local Income Tax Return	3 Social security wages	4 Social security tax withheld
	8238.47	510.79
	5 Medicare wages and tips	6 Medicare tax withheld
	8238.47	119.46

c Employer's name, address, and ZIP code

GROSSMONT HOSPITAL CORPORATION  
P.O. BOX 158

LA MESA CA 91944

7 Social security tips	8 Allocated tips	12a
9 Advance EIC payment	10 Dependent care benefits	12b
11 Nonqualified plans	14 Other	12c
	SDI 74.15	
b Employer identification number		12d
33-0449527		
d Employee social security number		13 Statutory employee Retirement plan Third-party sick pay
613-19-0270		X

e Employee's name, address, and ZIP code

MAHA N. AL-ADHADH  
4050 THIRD AVE  
#308  
SAN DIEGO CA 92103

15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
CA 925-0035-4	8238.47	171.5
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

1 Wages, tips, other comp.	2 Federal income tax withheld
839.29	69.50
3 Social security wages	4 Social security tax withheld
839.29	52.03
5 Medicare wages and tips	6 Medicare tax withheld
839.29	12.17
a Control Number	Dept.
127309 HW1	005490
Corp.	Employer use only
T	3313

c Employer's name, address, and ZIP code

HOLLYWOOD ENTERTAINMENT  
9275 SW PEYTON LANE  
WILSONVILLE OR 97070

b Employer's FED ID number	d Employee's SSA number
93-0981138	613-19-0270
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
7.55 CA SDI	
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code

MAHA N ALADHADH  
4050 THIRD AVE #308  
SAN DIEGO,CA 92103-0000

15 State Employer's state ID no.	16 State wages, tips, etc.
CA 401-9321 1	839.29
17 State income tax	18 Local wages, tips, etc.
5.21	
19 Local income tax	20 Locality name

CA State Filing Copy  
**W-2** Wage and Tax Statement **2001**  
Copy 2 to be filed with employee's State income Tax Return. OMB No. 1545-0048